2006–2007

My Health. My Year. My Future.

MH07D7365

May 2006–April 2007

Office of Research on Women's Health
National Institutes of Health

Make This Your Year

MH07D 7365

The publication of *My Health. My Year. My Future.* by the Office of Research on Women's Health is designed to coincide with National Women's Health Week, May 14-20, 2006, an initiative sponsored by the National Women's Health Information Center and an alliance of organizations to raise awareness about steps women can take to improve their health.

Many major health problems can be avoided through diet, exercise, and taking good care of yourself. By taking simple steps each day to prevent or manage health problems, you can change your life.

The purpose of *My Health. My Year. My Future.* is to help you take charge of your health by making those small changes. Inside, you'll find information on common health problems and concerns, as well as on how to prevent or manage them. It includes many useful tools, toll-free numbers, and Web sites where you can find more indepth information.

Let this be your year to get healthy!

Learn More!

Learn More about National Women's Health Week!
Contact the National Women's Health Information Center
(800) 994-9662
www.womenshealth.gov

About the Office of Research on Women's Health (ORWH)

The Office of Research on Women's Health (ORWH) serves as a focal point for women's health research at the National Institutes of Health (NIH). Established in September 1990 within the Office of the Director, ORWH:

- Advises the NIH Director and staff on matters relating to research on women's health;
- Strengthens and enhances research related to diseases, disorders, and conditions that affect women;
- Ensures that research conducted and supported by NIH adequately addresses issues regarding women's health;
- Ensures that women are appropriately represented in biomedical and biobehavioral research studies supported by NIH;
- Develops opportunities for and supports recruitment, retention, re-entry, and advancement of women in biomedical careers; and
- Supports research on women's health issues.

ORWH works in partnership with the 27 NIH institutes and centers to ensure that women's health research is part of the scientific framework at NIH and throughout the scientific community.

Acknowledgement

The Office of Research on Women's Health gratefully acknowledges the assistance of the Office on Women's Health (OWH), Department of Health and Human Services, in developing *My Health. My Year. My Future.* This publication benefits greatly from their guidance and cooperation.

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OMH-RC Library
1101 Wootton Parkway, Suite 650
Rockville, MD 20852
1-800-444-6472

Common Screening and Diagnostic Tests

Test Name	Definition
Angiogram	Exam of your blood vessels using x-rays. The doctor inserts a small tube into the blood vessel and injects dye to see the vessels in the x-ray.
Barium enema	A lubricated enema tube is gently inserted into your rectum. Barium flows into your colon. An x-ray is taken of the large intestines.
Biopsy	Removal of a small piece of tissue to check for health problems. There are different types of biopsies.
Blood test	Blood is taken from a vein in the inside elbow or back of the hand to test for a health problem.
Bone mineral density (BMD) test	X-rays of the bones are tested for osteoporosis, or weakening of the bones.
Bronchoscopy	Exam of the lungs. A bronchoscope, or flexible tube, is put through the nose or mouth and into your windpipe (trachea).
Clinical breast exam (CBE)	A doctor looks at the breasts and underarm areas to find lumps or other problems.
Chest x-ray	An x-ray of the chest, lungs, heart, large arteries, ribs, and diaphragm.
Colonoscopy	A flexible tube is put into the colon through the anus to see the colon.
Computed tomographic (CT or CAT) scan	The patient lies on a table and x-rays of the body are taken from different angles. Sometimes, a fluid is used to highlight parts of the body in the scan.
Echocardiogram	An instrument (that looks like a microphone) is placed on the chest. It uses sound waves to create a moving picture of the heart. A picture appears on a TV screen, and the heart can be seen in different ways.
Electroencephalogram (EEG)	Measures the electrical activity of the brain, using electrodes that are put on the patient's scalp. Sometimes patients sleep during the test.
Electrocardiogram (EKG or ECG)	Records the electrical activity of the heart, using electrodes placed on the arms, legs, and chest.
Exercise stress test	Electrodes are placed on the chest, arms, and legs to record the heart's activity. A blood pressure cuff is placed around the arm and is inflated every few minutes. Heart rate and blood pressure are taken before exercise starts. The patient walks on a treadmill or pedals a stationary bicycle. The pace of the treadmill is increased. The response of the heart is monitored. The test continues until target heart rate is reached. Monitoring continues after exercise for 10 to 15 minutes or until the heart rate returns to normal.

Note: Anesthesia (medicine to block pain or sedate you) is given during some of these tests to keep you comfortable. Be sure to talk with your doctor or nurse about what to expect during and after tests, and how to prepare for tests.

Common Screening and Diagnostic Tests

Test Name	Definition
Fecal occult blood test (FOBT)	Detects hidden blood in a bowel movement. There are two types: the smear test and flushable reagent pads.
Laparoscopy	A small tube with a camera is inserted into the abdomen through a small cut in or just below the belly-button to see inside the abdomen and pelvis. Other instruments can be inserted in the small cut as well. It is used for both diagnosing and treating problems inside the belly.
Magnetic resonance imaging (MRI)	The patient lies on a table which slides into a large tunnel-like tube within a scanner. Small coils may be placed around the head, arm, leg, or to other areas. Powerful magnets and radio waves create pictures of the body.
Mammogram	One breast at a time is rested on a flat surface that contains an x-ray plate. A device presses firmly against the breast. An x-ray is taken to show a picture of the breast.
Medical history	The doctor or nurse talks to the patient about current and past illnesses, surgeries, pregnancies, medications, allergies, use of alternative therapies, vitamins and supplements, diet, alcohol and drug use, physical activity, and family history of diseases.
Pap test	The nurse or doctor uses a small brush to take cells from the cervix (opening of the uterus) to look at under a microscope in a lab.
Pelvic exam	A doctor or nurse asks about the patient's health and looks at the vaginal area. The doctor or nurse checks the tubes, ovaries, and uterus by putting two gloved fingers inside the vagina. With the other hand, the doctor or nurse will feel from the outside for any lumps or tenderness.
Physical exam	The doctor or nurse will test for diseases, assess your risk of future medical problems, encourage a healthy lifestyle, and update your vaccinations.
Positron emission tomography (PET) scan	The patient is injected with a radioactive substance, like glucose. A scanner detects any cancerous areas in the body. Cancerous tissue absorbs more of the substance and looks brighter in images than normal tissue.
Sigmoidoscopy	The sigmoidoscope is a small camera attached to a flexible tube. This tube, about 20 inches long, is gently inserted into the colon. As the tube is slowly removed, the lining of the bowel is examined.
Spirometry	The patient breathes into a mouthpiece that is connected to an instrument called a spirometer. The spirometer records the amount and the rate of air that is breathed in and out over a specified time. It measures how well the lungs exhale.
Ultrasound	A clear gel is put onto the skin over the area being examined. An instrument is then moved over that area. The machine sends out sound waves, which reflect off the body. A computer receives these waves and uses them to create pictures of the body.

General Screenings and Immunizations for Women

These charts are guidelines only. Your doctor will personalize the timing of each test and immunization to meet your health care needs. Use the stickers to remind yourself of these exams.

Screening Tests	Ages 18-39	Ages 40-49	Ages 50-64	Ages 65+
General Health	Discuss with your doctor or nurse.	Discuss with your doctor or nurse.	Discuss with your doctor or nurse.	Discuss with your doctor or nurse.
Full checkup, including weight and height				
Thyroid test (TSH)	Start at age 35, then every 5 years	Every 5 years	Every 5 years	Every 5 years
Heart Health				
Blood pressure test	Start at age 21, then once every 1-2 years if normal	Every 1-2 years	Every 1-2 years	Every 1-2 years
Cholesterol test	Discuss with your doctor or nurse.	Start at age 45, then every 5 years	Every 5 years	Every 5 years
Bone Health		Discuss with your doctor or nurse.	Discuss with your doctor or nurse.	Get a bone density test at least once. Talk to your doctor or nurse about repeat testing.
Bone mineral density test				
Diabetes	Discuss with your doctor or nurse.	Start at age 45, then every 3 years	Every 3 years	Every 3 years
Blood sugar test				
Oral Health	One to two times every year	One to two times every year	One to two times every year	One to two times every year
Dental exam				
Reproductive Health	Every 1-3 years if you have been sexually active or are older than 21	Every 1-3 years	Every 1-3 years	Discuss with your doctor or nurse.
Pap test & pelvic exam				
Chlamydia test	If sexually active, yearly until age 25	If you are at high risk for chlamydia or other sexually transmitted diseases (STDs), you may need this test. See STD section.	If you are at high risk for chlamydia or other sexually transmitted diseases (STDs), you may need this test. See STD section.	If you are at high risk for chlamydia or other sexually transmitted diseases (STDs), you may need this test. See STD section.
Sexually transmitted disease (STD) tests	Talk to your doctor or nurse if you or your partner have had sexual contact with more than one person OR if either of you has ever had a STD.	Talk to your doctor or nurse if you or your partner have had sexual contact with more than one person OR if either of you has ever had a STD.	Talk to your doctor or nurse if you or your partner have had sexual contact with more than one person OR if either of you has ever had a STD.	Talk to your doctor or nurse if you or your partner have had sexual contact with more than one person OR if either of you has ever had a STD.

This chart lists recommended screenings and immunizations for women at average risk for most diseases.

General Screenings and Immunizations for Women

These charts are guidelines only. Your doctor will personalize the timing of each test and immunization to meet your health care needs. Use the stickers to remind yourself of these exams.

Screening Tests	Ages 18-39	Ages 40-49	Ages 50-64	Ages 65+
Breast Health		Every 1-2 years.	Every 1-2 years.	Every 1-2 years.
Mammogram (x-ray of breast)		Discuss with your doctor or nurse.	Discuss with your doctor or nurse.	Discuss with your doctor or nurse.
Colorectal Health			Yearly	Yearly
Fecal occult blood test				
Flexible sigmoidoscopy (with fecal occult blood test is preferred)			Every 5 years	Every 5 years
Double contrast barium enema (DCBE)			Every 5-10 years (if not having colonoscopy or sigmoidoscopy)	Every 5-10 years (if not having colonoscopy or sigmoidoscopy)
Colonoscopy			Every 10 years	Every 10 years
Rectal exam	Discuss with your doctor or nurse.	Discuss with your doctor or nurse.	Every 5-10 years with each screening (sigmoidoscopy, colonoscopy, or DCBE)	Every 5-10 years with each screening (sigmoidoscopy, colonoscopy, or DCBE)
Eye and Ear Health	Once initially between age 20 and 39	Every 2-4 years	Every 2-4 years	Every 1-2 years
Vision exam with eye care provider				
Hearing test (Discuss with your doctor.)	Starting at age 18, then every 10 years	Every 10 years	Discuss with your doctor or nurse.	Discuss with your doctor or nurse.
Skin Health	Monthly mole self-exam; by a doctor every 3 years, starting at age 20.	Monthly mole self-exam; by a doctor every year.	Monthly mole self-exam; by a doctor every year.	Monthly mole self-exam; by a doctor every year.
Mole exam				
Mental Health Screening	Discuss with your doctor or nurse.	Discuss with your doctor or nurse.	Discuss with your doctor or nurse.	Discuss with your doctor or nurse.
Immunizations	Discuss with your doctor or nurse.	Discuss with your doctor or nurse.	Yearly	Yearly
Influenza vaccine				
Pneumococcal vaccine				One time only
Tetanus-diphtheria booster vaccine	Every 10 years	Every 10 years	Every 10 years	Every 10 years

This chart lists recommended screenings and immunizations for women at average risk for most diseases.

How to Talk to Your Doctor or Nurse

Waiting in your doctor's office can be a nerve-wracking experience. As you flip through old magazines in the waiting room, you might worry about what's wrong or become aggravated about getting behind schedule. Then, when you see your doctor, the visit seems to fly by, leaving only a few minutes for you to explain your symptoms and concerns. Later that night, you remember something you forgot to mention and wonder if it matters. Knowing how to talk to your doctor or other members of your health care team will help you get the information you need, when you need it, especially when visits are oftentimes short. Here are some tips for talking with your doctor.

- **Make a list of concerns and questions to take to your visit with your doctor.** While you're waiting to be seen, use the time to review your list and organize your thoughts. You can share the list with your doctor.
- **Describe your symptoms clearly and briefly.** Say when they started, how they make you feel, what triggers them, and what you've done to feel better.
- **Tell your doctor what prescription and over-the-counter medicines, vitamins, herbal products, and other supplements you're taking.** Be honest about your diet, physical activity, smoking, alcohol or drug use, and sexual history—withholding information can be harmful! Describe allergies to drugs, foods, or other things. Don't forget to mention if you are being treated by other doctors, including mental health professionals.

- **Don't feel embarrassed about discussing sensitive topics.** Chances are, your doctor has heard it before! Don't leave something out because you're worried about taking up too much time. Be sure to have all of your concerns addressed before you leave.
- **If your doctor orders tests, be sure to ask how to find out about results and how long it takes to get them.** Get instructions for what you need to do to get ready for the test(s) and find out about any dangers or side effects with the test(s).
- **If you are diagnosed with a condition, ask your doctor how you can learn more about it, including what caused it, if it is permanent, and if there are lifestyle changes you can make to help yourself feel better.** Be sure to ask about all of the options for treatment, and how you can find out more information about treatment options.
- **When you are given medicine and other treatments, ask your doctor about them.** Ask how long treatment will last, if it has any side effects, how much it will cost, and if it is covered by insurance. Make sure you understand how to take your medicine; what to do if you miss a dose; if there are any foods, drugs, or activities you should avoid when taking the medicine; and if there is a generic brand available at a lower price (you can also ask your pharmacist about this).

- **Understand everything before you leave your visit.** If you don't understand something, ask to have it explained again.
- **Bring a family member or trusted friend with you to your visit.** That person can take notes, offer moral support, and help you remember what was discussed. You can also have that person ask questions as well.

Men's and Children's Health Resources

You can use these great resources to help you protect the other precious people in your life! For specific publications on these health topics, visit www.4woman.gov.

Men's Health Resources

General Health

Men's Health Information on NIH.gov
http://health.nih.gov/search.asp/25

National Women's Health Information Center (NWHIC)
What About Men's Health?
(800) 994-WOMAN (9662)
www.4woman.gov/mens

Healthfinder®
www.healthfinder.gov/justforyou

NLM DIRLINE database
http://dirline.nlm.nih.gov

Men Shoot for 9
National Cancer Institute
http://5aday.gov/9aday/index.html

Fatherhood Initiative
U.S. Department of Health and Human Services
http://fatherhood.hhs.gov

Centers for Disease Control and Prevention (CDC):
Men's Health Week
www.cdc.gov/men
(800) 311-3435

Mental Health

National Institute of Mental Health (NIMH)
(866) 615-6464
www.nimh.nih.gov

Heart Health

National Heart, Lung, and Blood Institute (NHLBI)
www.nhlbi.nih.gov

The American Heart Association
www.americanheart.org
(800) 242-8721

Cancer Prevention

National Cancer Institute
(800) 4-CANCER ((800) 422-6237)
www.cancer.gov

American Cancer Society
(800) ACS-2345
www.cancer.org

Urologic and Reproductive Health

National Kidney and Urologic Diseases
Information Clearinghouse
www.kidney.niddk.nih.gov

American Foundation for Urologic Diseases
www.afud.org

Children's Health Resources

General Health

The National Institute of Child Health and Human Development
(800) 370-2943
(888) 320-6942 (TTY)
(301) 984-1473 (Fax)
www.nichd.nih.gov

4 Girls Health
www.girlshealth.gov

FDA Kid's Page
Food and Drug Administration
(888) 463-6332
www.fda.gov/oc/opacom/kids

VERB™
Centers for Disease Control and Prevention
www.cdc.gov/youthcampaign
www.verbnow.com

American Academy of Pediatrics
(847) 434-4000
www.aap.org

Kidshealth.org
www.kidshealth.org

Kids Growth
www.kidsgrowth.com

Child Abuse
Prevent Child Abuse America
(312) 663-3520
www.preventchildabuse.org

Media-Smart Youth: Eat, Think, and Be Active!
(800) 370-2943
www.nichd.nih.gov/MSY

WE CAN! (Ways to Enhance Children's Activity and Nutrition) Program
(866) 35-WE CAN (359-3226)

Childhood Diabetes

National Diabetes Education Program
1-800-438-5383
http://www.ndep.nih.gov

National Diabetes Information Clearinghouse
(800) 860-8747
(703) 738-4929 (Fax)
www.diabetes.niddk.nih.gov

American Diabetes Association
(800) DIABETES ((800) 342-2383)
www.diabetes.org

Immunizations

Centers for Disease Control and Prevention (CDC)
National Immunization Program
(800) 232-2522 (English hotline) or
(800) 232-0233 (Spanish hotline)
(800) 243-7889 (TTY)
www.cdc.gov/nip

American Academy of Pediatrics
Immunizations Initiatives
www.cispimmunize.org

Immunization Action Coalition
(651) 647-9009
www.immunize.org

Safety and Injury Prevention

Centers for Disease Control and Prevention
National Center for Injury Prevention and Control
(770) 488-1506
www.cdc.gov/ncipc

Safe Kids Worldwide
(202) 662-0600
www.safekids.org

National Highway Traffic Safety Administration
Car Seat Safety and Installation
(888) 327-4236
www.nhtsa.dot.gov/CPS

Consumer Product Safety Commission
Playground Safety Publications
(800) 638-2772
(800) 638-8270 (TDD)
www.cpsc.gov/cpscpub/pubs/playpubs.html

American Heart Association
CPR and Basic Life Support Skills for Children
(800) 242-8721
www.americanheart.org

National Child Identification Program
(972) 934-2211
www.childidprogram.com

Back to Sleep Campaign
(800) 505-CRIB (2742)
www.nichd.nih.gov/SIDS

Childhood Asthma

American Lung Association
(212) 315-8700 or (800) 586-4872
www.lungusa.org

Child Nutrition

Powerful Girls Have Powerful Bones
The National Bone Health Campaign
www.cdc.gov/powerfulbones

U.S. Department of Agriculture
Food and Nutrition Service
Child Nutrition Division
www.fns.usda.gov/cnd

Milk Matters Calcium Education Campaign
(800) 370-2943
www.nichd.nih.gov/milk

Learn More!

Get regularly updated information about federally and privately supported clinical research in human volunteers:
Clinicaltrials.gov
www.clinicaltrials.gov

Visit **healthfinder®** for information just for you:

www.healthfinder.gov/justforyou

REMINDER:
Make Time for Yourself!

The stickers on the next page are helpful reminders for dates, appointments, and screenings that are important for your health, your year, and your future! Use these stickers to remind you about mammograms, pap smears, eye exams, immunizations, cholesterol tests, blood sugar tests, blood pressure tests, and when to play, relax, AND set aside time for yourself!

Notes

Doctor's Appointment	Doctor's Appointment	Doctor's Appointment	Doctor's Appointment	Doctor's Appointment	Doctor's Appointment	Doctor's Appointment	Dental Exam	Dental Exam	Get a Pap Test	Bone Density Test
Mammogram	Eye Exam	Mole/Skin Test	Due Date	Colonoscopy	Immunizations	Flu Shot	Cholesterol Test	Blood Sugar Test	Checkup	blood pressure test
Period	Period	Period	Period	Period	Period	Period	Period	Period	Period	Period
Period	Don't Forget!	Don't Forget!	Don't Forget!	Don't Forget!	Don't Forget!	Don't Forget!	Don't Forget!	Don't Forget!	Don't Forget!	Don't Forget!
Exercise class begins	Exercise class begins	Exercise class begins	Call	Call	Call	Call	Call	Call	Call	Call
Appointment	Appointment	Appointment	Appointment	Appointment	Appointment	Appointment	Appointment	Quiet Time	Quiet Time	Quiet Time
Quiet Time	Quiet Time	Quiet Time	Play	Play	Play	Play	Play	Birthday	Birthday	Birthday
Birthday	Birthday	Birthday	Birthday	Birthday	Birthday	Wedding	Wedding	Wedding	Wedding	Wedding
Anniversary	Anniversary	Anniversary	Anniversary	Special Event	Special Event	Special Event	Special Event	Special Event	Special Event	Special Event
Special Event	Graduation	Graduation	Back to School	Back to School	Dinner Party	Dinner Party	Dinner Party	Dinner Party	Shopping	Shopping
Shopping	Shopping	Shopping	Vacation	Vacation	Vacation	Hair Appointment	Hair Appointment	Hair Appointment	Pay Day	Pay Day
Pay Day	Pay Day	Pay Day	Pay Day	Pay Day	Pay Day	Pay Day	Pay Day	Pay Day	Pay Day	Pay Day
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http://orwh.od.nih.gov

May 2006

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National Institutes of Health

www.health.nih.gov

November 2006

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December 2006

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January 2007

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March 2007

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National Institutes of Health

www.health.nih.gov

November 2006

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December 2006

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January 2007

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National Institutes of Health

www.health.nih.gov

November 2006

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Notes

MAY 2006

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1 Melanoma Monday	2	3 National Anxiety Disorders Screening Day	4	5	6
	Brain Tumor Action Week					
7	8	9	10	11	12 International CFIDS/CFS/ME Awareness Day Fibromyalgia Awareness Day	13
	National Mental Health Counseling Week National SAFE KIDS Week					
14	15 National Women's Check-up Day	16 Sex Differences in Health Awareness Day	17	18 HIV Vaccine Awareness Day	19	20
	Food Allergy Awareness Week **National Women's Health Week**					
21	22	23	24	25 National Missing Children's Day	26	27
	Schizophrenia Awareness Week					
28	29 *Memorial Day*	30	31 World No Tobacco Day		National Osteoporosis Awareness and Prevention Month Better Hearing and Speech Month	

Osteoporosis: No Bones About It!

When you think about your health, you probably don't think about your bones. But keeping your bones healthy and reducing your risk of fractures by preventing osteoporosis is very important throughout life and especially as you get older.

What Is Osteoporosis?

Osteoporosis is a disease that makes bones fragile and more likely to break. It is often called the "silent disease"—you may not notice any changes until a bone breaks. But your bones have been losing strength for many years.

Bone is living tissue. To keep bones strong, your body is always breaking down old bone and replacing it with new bone tissue. As people enter their forties and fifties, more bone is broken down than is replaced. A close look at the inside of bone shows something like a honeycomb. When you have osteoporosis, the spaces in this honeycomb grow larger and the bone that forms the honeycomb gets smaller. The outer shell of your bones also gets thinner. All this loss makes your bones weaker.

Who Has Osteoporosis?

Millions of Americans have osteoporosis. They are mostly women, but more than 2 million men also have this disease. White and Asian women are most likely to have osteoporosis. Other women at great risk include those who:

- have a family history of the disease,
- have broken a bone while an adult,
- had surgery to remove their ovaries before their periods stopped,
- had early menopause,
- have not gotten enough calcium throughout their lives,
- had extended bed rest,
- used certain medicines for a long time, or
- have a small body frame.

The risk of osteoporosis grows as you get older. At the time of menopause women may lose bone quickly for several years. After that, the loss slows down, but continues.

Learn More!

Contact the NIH Osteoporosis and Related Bone Diseases National Resource Center
(800) 624-2663
NIAMSBoneInfo@mail.nih.gov
www.niams.nih.gov/bone
- or -
the National Institute on Aging Information Center
(800) 222-2225
niaic@jbs1.com
www.niapublications.org

In men the loss of bone mass is slower. But, by age 65 or 70 men and women are losing bone at the same rate.

What Can I Do to Prevent Osteoporosis?

Osteoporosis prevention begins in childhood. Here are three things you can do throughout your life to lower your risk of osteoporosis.

1. **Eat foods that are rich in calcium and vitamin D.** You need calcium to help maintain healthy, strong bones. Adult women under age 50 need 1,000 mg of calcium every day. If you're over age 50, you need 1,200 mg of calcium every day. You also need vitamin D, a vitamin that helps your body absorb calcium. You need 400 to 800 IU (International Units) of vitamin D every day. You can get vitamin D by spending 15 minutes in the sun a few times a week without sunscreen; eating vitamin D-rich foods such as egg yolks, saltwater fish, liver, and fortified milk; or taking vitamin supplements.
2. **Exercise regularly.** Your bones and muscles will be stronger if you are physically active. Weight-bearing exercises are best for preventing osteoporosis. (See box on left).
3. **Live a healthy lifestyle.** Smoking and drinking too much alcohol are bad for your bones. To protect your bones, do not smoke, and if you drink alcoholic beverages, do so in moderation.

Exercise for Strong Bones

Physical activity is important to prevent osteoporosis and reduce falls that can result in fractures. Weight-bearing activities can help you maintain strong bones. Examples include:

- walking
- climbing stairs
- dancing
- lifting weights.

Other kinds of exercise can help you increase your flexibility and improve your balance to prevent falls. Examples include:

- tai chi
- bike riding
- swimming.

Talk to your doctor about an exercise program that is safe for you.

Source: *Bone Health and Osteoporosis: A Guide for Asian Women Aged 50 and Older.* NIH Osteoporosis and Related Bone Diseases National Resource Center (August 2005).

Can My Bones Be Tested?

If you are at high risk for osteoporosis, you may want to ask your doctor if a bone density test is right for you. This test will help your doctor decide if you need medication to reduce your risk of fractures.

Bone density tests are quick and painless. You usually do not even need to get undressed. The most widely recognized test is called a dual-energy x-ray absorptiometry or DXA test. It is painless: a bit like having an x-ray, but with much less exposure to radiation. It can measure bone density at your hip and spine. Ask your doctor for more information.

What Can I Do If I Have Osteoporosis?

Treating osteoporosis means stopping the bone loss and rebuilding bone to prevent breaks. Diet and exercise can help make your bones stronger. But they may not be enough if you have lost a lot of bone density. There are also several medicines to think about. Some will slow your bone loss, and others can help rebuild bone. Talk with your doctor about what medicines might work for you.

It's also important to prevent falls. When your bones are weak, a simple fall can cause a broken bone. This can mean a trip to the hospital and maybe surgery. Here are some things you can do to prevent falls:

- Make sure you can see and hear well. Use your glasses or a hearing aid if needed.
- Ask your doctor if any of the drugs you are taking can make you dizzy or unsteady on your feet.
- Use a cane or walker if your walking is unsteady.
- Wear rubber-soled and low-heeled shoes.
- Make sure all the rugs and carpeting in your house are firmly attached to the floor, or don't use them.
- Keep your rooms well lit and the floor free of clutter.
- Use nightlights.

Do Men Get Osteoporosis?

Osteoporosis is not just a woman's disease. Not as many men have it as women do, but men need to worry about it as well. This may be because most men start with more bone density than women and lose it more slowly as they grow older.

Experts don't know as much about this disease in men as they do in women. However, many of the things that put men at risk are the same as those for women:

- family history
- not enough calcium or vitamin D
- too little exercise
- low levels of testosterone
- too much alcohol
- taking certain drugs
- smoking.

Older men who break a bone easily or are at risk for osteoporosis should talk with their doctors about testing and treatment.

Source: *Osteoporosis: The Bone Thief.* NIH National Institute on Aging (December 2004).

May 2006

Monday
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Ten percent of Hispanic women aged 50 and older are estimated to have osteoporosis, and 49 percent are estimated to have bone mass that is low, but not low enough for them to be diagnosed with osteoporosis.

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Wednesday
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Osteoporosis is a major public health threat for 44 million Americans, 68 percent of whom are women.

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April 2006

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May 2006

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Studies have shown that **African American women and Hispanic women consume less calcium** than the Recommended Dietary Allowance. Adequate intake of calcium plays a crucial role in building bone mass and preventing bone loss.

Wednesday 10

Thursday 11

Friday 12

One out of every two women and one in four men over 50 will have an osteoporosis-related fracture in their lifetime.

Saturday 13

Sunday 14

May 2006

Monday
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Tuesday
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Osteoporosis poses a significant threat to more than 2 million men in the United States. After age 50, 6 percent of all men will experience a hip fracture and 5 percent will have a vertebral fracture as a result of osteoporosis.

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April 2006

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May 2006

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June 2006

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Monday 22

Osteoporosis is responsible for more than **1.5 million fractures** annually.

Tuesday 23

Wednesday 24

Thursday 25

Based on figures from hospitals and nursing homes, the estimated **national direct expenditures for osteoporosis and related fractures total $14 billion** each year.

Friday 26

Saturday 27

Sunday 28

May 2006

MONDAY
29
Memorial Day

Hispanic women are twice as likely to develop diabetes as white women, which may increase their risk for osteoporosis.

TUESDAY
30

WEDNESDAY
31

Notes

Using Hormones After Menopause for Osteoporosis

Recent Findings from the Women's Health Initiative

The Women's Health Initiative (WHI) is a long-term study of the risks and benefits of strategies that may reduce the occurrence of heart disease, breast and colorectal cancer, and bone fractures in postmenopausal women.

Q What is known about the effects of postmenopausal hormone therapy on bone health?

A Studies have shown that various forms of estrogen, including estrogen combined with progestin, can increase bone density or prevent bone loss in postmenopausal women. Results of some small clinical trials also indicated that estrogen reduces fractures in the spine. However, there were no large randomized clinical trials showing that estrogen prevents hip and other osteoporosis-related fractures. Research also indicates that women who take estrogen to maintain bone density must continue taking the hormone because its beneficial effects on bone health disappear after hormone use is discontinued.

Q Did the WHI clinical trial of postmenopausal hormone therapy reveal any new information on the effects of estrogen plus progestin on bone health?

A Yes. The WHI is the first randomized clinical trial to provide definitive evidence that post-menopausal hormone therapy can prevent osteoporosis-related hip fractures as well as fractures at other sites. The WHI results show that estrogen plus progestin reduces the rate of hip and spine fractures by one third (34 percent) and reduces the rate of other osteoporosis related fractures by 23 percent. Stated another way, the study results indicate that for every 10,000 postmenopausal women taking estrogen plus progestin, 10 will have a hip fracture each year, compared to 15 out of every 10,000 women taking placebo pills.

Q What do the WHI results tell us about the effects of estrogen alone on bone health and other conditions?

A In April, 2004, after an average 6.8 years of follow-up, participants in the E-Alone Trial were also asked to stop taking their WHI study pills.

Study findings showed that compared to women taking placebo pills:

- Women taking active estrogen had more strokes;
- Women taking active estrogen had more blood clots in the legs;
- Women taking estrogen had fewer hip fractures;
- Estrogen had an uncertain effect on breast cancer; and
- Estrogen had no effect on heart attacks, colorectal cancer, and deaths.

For More Information, visit the Women's Health Initiative Web site: www.whi.org.

Q How Can I Learn More?

A To learn more about WHI findings, visit the NIH National Heart, Lung, and Blood Institute's WHI Web site at www.nhlbi.nih.gov/whi.

Sources: *The Use of Hormones After Menopause for Osteoporosis and Recent Findings from the Women's Health Initiative*. NIH NIAMS. (August 2002) and www.nhlbi.nih.gov/whi.

JUNE 2006

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Vision Research Month				1	2	3
4 National Cancer Survivors Day	5	6	7	8	9	10
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18	19	20	21	22	23	24
25	26	27 National HIV Testing Day	28	29	30	

National Headache Awareness Week

National Men's Health Week

Helen Keller Deaf–Blind Awareness Week

Eye Safety Awareness Week

Eye Health: Don't Lose Sight...

Like any other part of the body, the eye grows, works, tires, and ages. It can be injured. It can become diseased. However, most vision problems are not diseases but refractive errors. These are minor flaws in the way the eye is built that cause it to focus incorrectly.

Myopia, also called nearsighted, means that a person sees nearby objects more closely than objects that are far away. It occurs when the eyeball is too long or the cornea is too rounded and light is focused in front of the retina instead of directly on it. Eyeglasses or contact lenses can correct the problem.

Presbyopia means "old man's eyes." It happens when the lens of the eye becomes hard and less flexible with age. It then becomes harder to bring nearby objects into focus. Everyone becomes presbyopic, usually between 40 and 50 years of age.

Who Is at Risk for Age-Related Macular Degeneration?

AMD can occur during middle age. The risk increases with aging. Other risk factors include:

- **Smoking.**
- **Obesity.** Research studies suggest a link between obesity and the progression of early and intermediate stage AMD to advanced AMD.
- **Race.** Whites are much more likely to lose vision from AMD than African Americans.
- **Family history.** People with a family history of AMD are at higher risk of getting the disease.
- **Gender.** Women appear to be at greater risk than men.

Source: *Age Related Macular Degeneration: What You Should Know.* NIH National Eye Institute Health Information (June 2005)

Common Eye Diseases

Age-related macular degeneration (AMD) is the leading cause of blindness in older people. It affects a tiny area in the middle of the retina called the macula. AMD can destroy central vision. This vision is needed for doing common daily tasks such as reading, sewing, and driving. Scientists are learning what causes AMD and how it can be better treated.

Cataracts form when the lens of the eye grows cloudy. In a commonly performed

Learn More!

Contact the National Eye Institute
(301) 496-5248
2020@nei.nih.gov
www.nei.nih.gov

Five Steps to Protect Your Eyesight

1 Have your eyes checked every 1 or 2 years by an eye care professional. This can be an ophthalmologist or optometrist. He or she should put drops in your eyes to enlarge (dilate) your pupils. This is the only way to find some eye diseases, such as diabetic retinopathy, that have no early signs or symptoms. If you wear glasses, they should be checked too.

2 Find out if you are at high risk for eye disease. Are you over age 65? Are you African American and over age 40? Do you or people in your family have diabetes or eye disease? If so, you need to have a dilated eye exam.

3 Have regular physical exams to check for diseases like diabetes and high blood pressure. These diseases can cause eye problems if not treated.

4 See an eye care professional right away if you suddenly cannot see or everything looks dim or if you see flashes of light. Also see an eye care professional if you have eye pain, fluid coming from the eye, double vision, redness, or swelling of your eye or eyelid.

5 Wear sunglasses that block ultraviolet (UV) radiation and a hat with a wide brim when outside. This will protect your eyes from too much sunlight, which can raise your risk of getting cataracts.

Source: *Age Related Macular Degeneration: What You Should Know.* NIH National Eye Institute Health Information (June 2005).

operation, the cloudy lens is often replaced with a plastic lens. It is a very safe and successful type of surgery. In fact, it is the most common surgery for people over age 60.

Diabetic Retinopathy. People with diabetes are at high risk for diabetic retinopathy. This disease damages blood vessels in the eye. It is a leading cause of blindness in adults, but early treatment using lasers or surgery can prevent serious vision loss. People with diabetes should have an eye exam through dilated pupils once a year.

Glaucoma is called the "sneak thief of sight," because it does not usually give any warning signs. This blinding disease damages the optic nerve. Glaucoma is treated with medication, lasers, and surgery. African Americans over age 40 are at high risk for glaucoma, as is everyone over age 60. These people should have an eye exam through dilated pupils at least once every two years.

What is low vision?

Low vision means that even with regular glasses, contact lenses, medicine, or surgery, people find everyday tasks difficult to do. Reading the mail, shopping, cooking, seeing the TV, and writing can seem challenging. Millions of Americans lose some of their vision every year. Irreversible vision loss is most common among people over age 65.

Is losing vision just part of getting older?

No. Some normal changes in our eyes and vision occur as we get older. However, these changes usually don't lead to low vision.

Most people develop low vision because of eye diseases and health conditions like macular degeneration, cataract, glaucoma, and diabetes. A few people develop vision loss after eye injuries or from birth defects. While vision that's lost usually cannot be restored, many people can make the most of the vision they have.

Your eye care professional can tell the difference between normal changes in the aging eye and those caused by eye diseases.

How do I know when to get an eye exam?

Regular dilated eye exams should be part of your routine health care. However, if you believe your vision has recently changed, you should see your eye care professional as soon as possible.

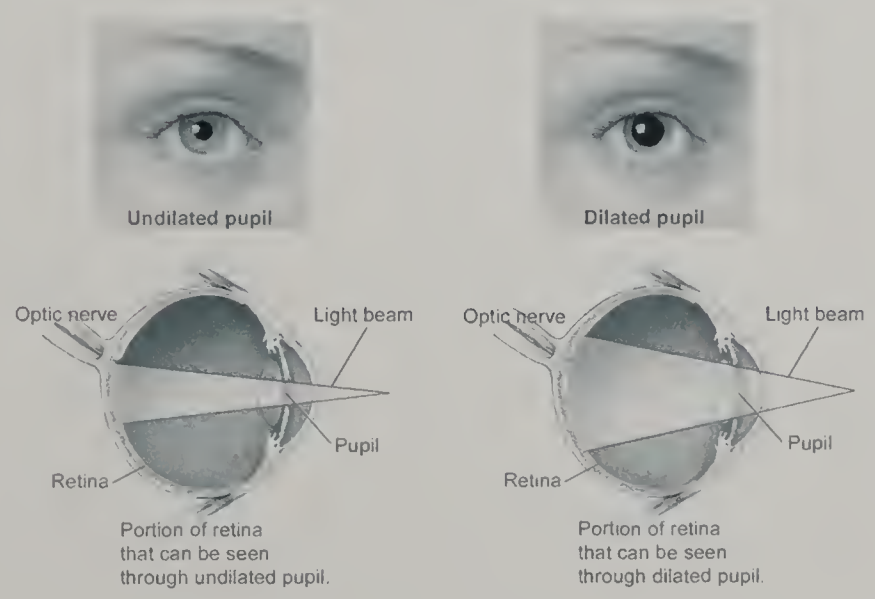
What should I ask my eye care professional?

You can protect yourself against vision loss by working in partnership with your eye care professional. Ask questions and get the information you need to take care of yourself.

What are some questions to ask about my eye disease or disorder?

- What is my diagnosis?
- What caused my condition?
- Can my condition be treated?
- How will this condition affect my vision now and in the future?
- Should I watch for any particular symptoms and notify you if they occur?
- Should I make any lifestyle changes?

Source: *Age-Related Macular Degeneration: What You Should Know.* NIH National Eye Institute Health Information (June 2005).



JUNE 2006

NOTES

Glaucoma is a leading cause of blindness in the United States. Although anyone can get glaucoma, some people are at higher risk. They include blacks over age 40; everyone over age 60, especially Mexican Americans; and people with a family history of glaucoma.

THURSDAY
1

FRIDAY
2

During pregnancy, diabetic retinopathy may be a problem for women with diabetes. To protect vision, every pregnant woman with diabetes should have a comprehensive dilated eye exam as soon as possible. Your doctor may recommend additional exams during your pregnancy.

SATURDAY
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SUNDAY
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MAY 2006

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JUNE 2006

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JULY 2006

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MONDAY
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TUESDAY
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WEDNESDAY
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About 120 million people in the United States wear eyeglasses or contact lenses to correct nearsightedness, farsightedness, or astigmatism. These vision disorders—called refractive errors—affect the cornea and are the most common of all vision problems in this country.

THURSDAY
8

FRIDAY
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SATURDAY
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SUNDAY
11

JUNE 2006

MONDAY
12

TUESDAY
13

Age-related macular degeneration (AMD) is a disease that blurs the sharp, central vision you need for "straight-ahead" activities such as reading, sewing, and driving. **AMD is a leading cause of vision loss in Americans 60 years of age and older.**

WEDNESDAY
14

THURSDAY
15

FRIDAY
16

Cataract is the leading cause of low vision among all Americans, responsible for about 50 percent of all cases.

SATURDAY
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SUNDAY
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MAY 2006

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JUNE 2006

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MONDAY
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TUESDAY
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WEDNESDAY
21

Dry eye is more common in women, especially after menopause. Dry eye can occur in climates with dry air, as well as with the use of some drugs, including antihistamines, nasal decongestants, tranquilizers, and anti-depressant drugs.

THURSDAY
22

FRIDAY
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SATURDAY
24

SUNDAY
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June 2006

Monday
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Tuesday
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Wednesday
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Conjunctivitis (Pink Eye) is a group of diseases that cause swelling, itching, burning, and redness of the conjunctiva, the protective membrane that lines the eyelids and covers exposed areas of the sclera, or white of the eye. Conjunctivitis can spread from one person to another and affects millions of Americans at any given time.

Notes

MAY 2006

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JUNE 2006

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JULY 2006

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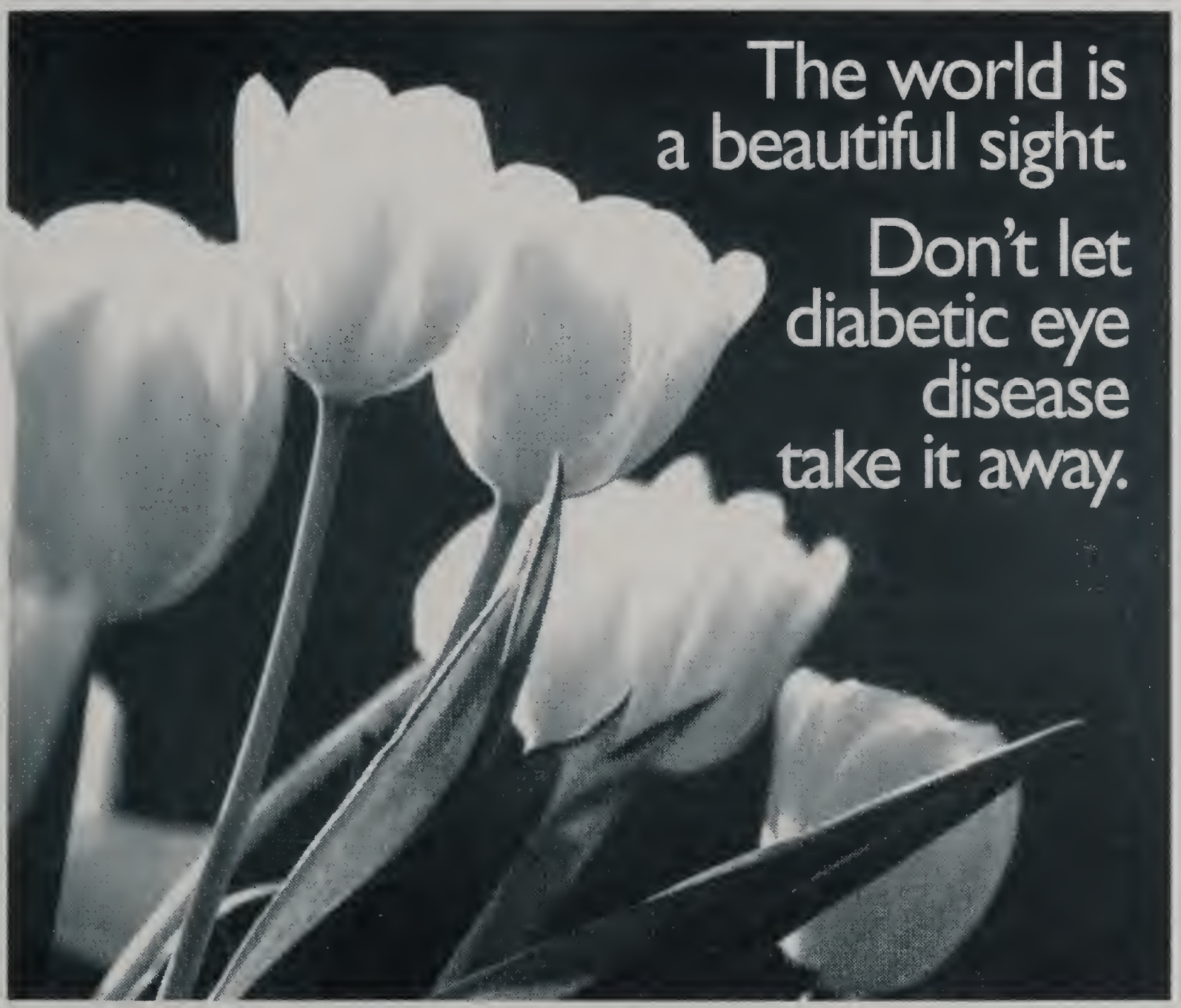

If you have diabetes, get a dilated eye exam every year.

National Eye Institute
NATIONAL INSTITUTES OF HEALTH

Write: 2020 Vision Place, Bethesda, MD 20892-3655

JULY 2006

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
International Group B Strep Awareness Month UV Safety Month						1
2	3	4 *Independence Day*	5	6	7	8
9	10	11	12	13	14	15
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23/30	24/31	25	26	27	28	29

Depression: You Can Feel Better!

Life is full of emotional ups and downs. But when your "down" times are long lasting or interfere with your ability to function, you may be suffering from a common, serious illness—depression. Clinical depression affects your mood, mind, body, and behavior.

In the United States, about one in ten adults experiences depression each year, and nearly two-thirds do not get the help they need. Treatment can ease the symptoms in over 80 percent of the cases. Yet, because it often goes unrecognized, depression continues to cause unnecessary suffering.

Depression affects both women and men, but women experience depression at roughly twice the rate of men. Researchers continue to explore how women's biology, life cycle, and other factors may be linked to their higher rate of depression.

What Are the Different Types of Depression?

There are three types of depressive illness:

1. **Major depression.** In this type of depression, sometimes referred to as unipolar or clinical depression, people have some or all of the symptoms listed in the box on the following page for at least 2 weeks but frequently for several months or longer. Episodes of major depression can occur once, twice, or several times in a lifetime.
2. **Dysthymia.** People who have this type of depression experience the same symptoms as major depression, but their symptoms are milder and last at least 2 years. People with dysthymia are frequently lacking in zest and enthusiasm for life. They also can experience major depressive episodes.
3. **Bipolar disorder.** Bipolar disorder, sometimes called manic depression, is not nearly as common as the other forms of depressive illness. It involves disruptive cycles of depressive symptoms that alternate with mania. During manic episodes, people may become overly active, talkative, euphoric, irritable, spend money irresponsibly, and get involved in sexual misadventures. In some people, a milder form of mania, called hypomania, alternates with depressive episodes.

How Do I Know If I'm Depressed?

No two people become depressed in exactly the same way. Many people have only

Learn More!

Contact the NIH National Institute of Mental Health
(866) 615-6464 (toll-free)
nimhinfo@nih.gov
www.nimh.nih.gov

Symptoms of Depression and Mania

Not everyone with depression or mania experiences each of these symptoms. Some people experience a few of these symptoms, some many. The severity of the symptoms also varies from person to person.

Depression

- Persistent sad, anxious, or "empty" mood
- Loss of interest or pleasure in activities, including sex
- Restlessness, irritability, or excessive crying
- Feelings of guilt, worthlessness, helplessness, hopelessness, pessimism
- Sleeping too much or too little, early-morning awakening
- Appetite and/or weight loss or overeating and weight gain
- Decreased energy, fatigue, feeling "slowed down"
- Thoughts of death or suicide, or suicide attempts
- Difficulty concentrating, remembering, or making decisions
- Persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain

Mania

- Abnormally elevated mood
- Irritability
- Decreased need for sleep
- Grandiose notions
- Increased talking
- Racing thoughts
- Increased activity, including sexual activity
- Markedly increased energy
- Poor judgment that leads to risk-taking behavior
- Inappropriate social behavior

If you experience three to five or more of these symptoms for more than 2 weeks (1 week in the case of mania), or if they interfere with work or family life, you should see your doctor for a thorough evaluation.

Source: *Depression: What Every Woman Should Know.* NIH National Institute of Mental Health (2005).

some of the symptoms, varying in severity and duration. For some, symptoms occur in time-limited episodes; for others, symptoms can be present for long periods if no treatment is sought.

Having some depressive symptoms does not mean that you are clinically depressed. For example, it is not unusual for those who have lost a loved one to feel sad, helpless, and disinterested in regular activities. Only when these symptoms persist for an unusually long time is there reason to suspect that grief has become depressive illness.

Similarly, living with the stress of potential layoffs, heavy workloads, or financial or family problems may cause irritability and "the blues." Up to a point, such feelings are simply a part of human experience. But when these feelings increase in duration and intensity and you find you are unable to function as usual, what seemed a temporary mood may have become a clinical illness.

Depression Is Treatable: You Can Feel Better!

Depression can make it very hard for you to care for yourself, your family, or even hold down a job. But, there is hope. Depression can be treated and you can feel better.

It's important to see your doctor right away. Talk to your doctor about how you are feeling. Get a medical checkup to rule out any other illnesses that might be causing signs of depression. Ask if you need to see someone who can evaluate and treat depression.

There are two common types of treatment for depression: medicine and "talk" therapy. Ask your doctor which type is best for you. Some people need both treatments to feel better.

- **Medicine.** Medicines for depression are called "antidepressants." Your regular doctor or a psychiatrist (a medical doctor trained in helping people with depression) can prescribe them for you. Anti-depressants may take a few weeks to work. Be sure to tell the doctor how you are feeling. If you are not feeling better, you may need to try different medicines to find out what works best for you. Medicines sometimes cause unwanted side effects. You may feel tired, have blurred vision, or feel sick to your stomach. Tell the doctor if you have these or any other side effects.
- **"Talk" therapy.** "Talk" therapy involves talking to someone such as a psychologist, psychiatrist, social worker, or counselor. It helps you learn to change how depression makes you think, feel, and act. Ask your doctor or psychiatrist whom you should go to for talk therapy.

How to Help Someone Who May Have Depression

If you know someone who seems depressed and may need help, here are some things you can do:

- Tell the person that you are concerned about him or her.
- Talk to the person about seeing a doctor.
- Take the person to see the doctor.
- If the doctor offers the name and phone number of a psychiatrist or someone for "talk" therapy, call the number and help the person make an appointment.
- Take the person to the appointment.
- "Be there" for the person.
- Contact the National Institute for Mental Health for more information about depression. Call toll-free 866-615-6464.

Source: *Stories of Depression: Does This Sound Like You?* NIH National Institute of Mental Health (September 2002).

JULY 2006

NOTES

Depressive disorders raise the risk for suicide. Although men are four times more likely than women to die by suicide, women report attempting suicide about two to three times as often as men.

Major depression and dysthymia affect twice as many women as men. This two-to-one ratio exists regardless of racial and ethnic background or economic status. The same ratio has been reported in ten other countries all over the world.

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JUNE 2006

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Independence Day
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More than 2 million American adults, or about 1 percent of the population age 18 and older in any given year, have bipolar disorder. Bipolar disorder typically develops in late adolescence or early adulthood.

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JULY 2006

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Many women are vulnerable to depression after the birth of a baby. **While transient "blues" are common in new mothers, a full-blown depressive episode is not a normal occurrence and requires active intervention**. Treatment by a sympathetic doctor and the family's emotional support can help the new mother to recover her physical and mental well-being.

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TUESDAY 18

Studies show that **female high school students have significantly higher rates of depression, anxiety disorders, eating disorders, and adjustment disorders** than male students, who have higher rates of disruptive behavior disorders.

WEDNESDAY 19

THURSDAY 20

FRIDAY 21

Before adolescence, there is little difference in the rate of depression in boys and girls. But **between the ages of 11 and 13 there is a steep rise in depression rates for girls**. By the age of 15, females are twice as likely to have experienced a major depressive episode as males.

SATURDAY 22

SUNDAY 23

July 2006

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Depression is common in both women and men after a heart attack. If you have had a heart attack and find yourself feeling depressed or "blue" for a long time afterward, or if the sad feelings are severe, talk with your doctor about ways to get help.

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NOTES

What to Do if You're in Crisis

If you are thinking about harming yourself or attempting suicide, tell someone who can help right away:

- Call your doctor's office.
- Call 911 for emergency services.
- Go to the nearest hospital emergency room.
- Call the toll-free, 24-hour hotline of the National Suicide Prevention Lifeline (800) 273-TALK (8255); TTY: (800) 799-4TTY (4889) to be connected to a trained counselor at a suicide crisis center nearest you.
- Ask a family member or friend to help you make these calls or take you to the hospital.

If You Have a Friend or Family Member in Crisis

If you have a family member or friend who is suicidal, do not leave him or her alone. Try to get the person to seek help immediately from an emergency room, physician, or mental health professional. Take seriously any comments about suicide or wishing to die. Even if you do not believe your family member or friend will actually attempt suicide, the person is clearly in distress and can benefit from your help in receiving mental health treatment.

Source: *Real Men. Real Depression.* campaign. Public Information and Communications Branch, National Institute of Mental Health (2005).

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World Breastfeeding Week

National Health Center Week

Pain: The Universal Disorder

You know it at once. It may be the fiery sensation of a burn moments after your finger touches the stove. Or it's a dull ache above your brow after a day of stress and tension. Or you may recognize it as a sharp piercing in your back after you lift something heavy.

It is pain. In its most benign form, it warns us that something isn't quite right, that we should take medicine or see a doctor. At its worst, however, pain robs us of our productivity, our well-being, and, for many of us suffering from extended illness, our very lives. Pain is a complex perception that differs enormously among individual patients, even those who appear to have identical injuries or illnesses.

What Is the Role of Age and Gender in Pain?

It is now widely believed that pain affects men and women differently. While the sex hormones estrogen and testosterone certainly play a role in this phenomenon, psychology and culture, too, may account at least in part for differences in how men and women receive pain signals.

Many investigators are turning their attention to the study of gender differences and pain. Women, many experts now agree, recover more quickly from pain, seek help more quickly for their pain, and are less likely to allow pain to control their lives. They also are more likely to marshal a variety of resources—coping skills, support, and distraction—with which to deal with their pain.

Research in this area is yielding fascinating results. For example, male experimental animals injected with estrogen, a female sex hormone, appear to have a lower tolerance for pain—that is, the addition of estrogen appears to lower the pain threshold. Similarly, the presence of testosterone, a male hormone, appears to elevate tolerance for pain in female mice: the animals are simply able to withstand pain better. Female mice deprived of estrogen during experiments react to stress similarly to male animals. Estrogen, therefore, may act as a sort of pain switch, turning on the ability to recognize pain.

The Two Faces of Pain: Acute and Chronic

What is pain? The International Association for the Study of Pain defines it as: An unpleasant sensory and emotional experience

Learn More!

National Institute of Neurological Disorders and Stroke (NINDS)
(800) 352-9424
www.ninds.nih.gov

Back Pain

If you have lower back pain, you are not alone. Nearly everyone at some point has back pain that interferes with work, routine daily activities, or recreation. Americans spend at least $50 billion each year on low back pain, the most common cause of job-related disability and a leading contributor to missed work. Back pain is the second most common neurological ailment in the United States—only headache is more common. Fortunately, most occurrences of low back pain go away within a few days. Others take much longer to resolve or lead to more serious conditions.

What causes lower back pain?

As people age, bone strength and muscle elasticity and tone tend to decrease. The discs begin to lose fluid and flexibility, which decreases their ability to cushion the vertebrae.

Pain can occur when, for example, someone lifts something too heavy or overstretches, causing a sprain, strain, or spasm in one of the muscles or ligaments in the back. If the spine becomes overly strained or compressed, a disc may rupture or bulge outward. This rupture may put pressure on one of the more than 50 nerves rooted to the spinal cord that control body movements and transmit signals from the body to the brain. When these nerve roots become compressed or irritated, back pain results.

Who is most likely to develop low back pain?

Nearly everyone has low back pain sometime. Men and women are equally affected. It occurs most often between ages 30 and 50, due in part to the aging process but also as a result of sedentary life styles with too little (sometimes punctuated by too much) exercise. The risk of experiencing low back pain from disc disease or spinal degeneration increases with age.

The U.S. Consumer Product Safety Commission estimates that more than 13,260 injuries related to backpacks were treated at doctors' offices, clinics, and emergency rooms in the year 2000.

Source: *Low Back Pain Fact Sheet.* NINDS, NIH (January 2006).

associated with actual or potential tissue damage or described in terms of such damage.

It is useful to distinguish between two basic types of pain, acute and chronic, and they differ greatly.

- Acute pain, for the most part, results from disease, inflammation, or injury to tissues. This type of pain generally comes on suddenly, for example, after trauma or surgery, and may be accompanied by anxiety or emotional distress. The cause of acute pain can usually be diagnosed and treated, and the pain is self-limiting, that is, it is confined to a given period of time and severity. In some rare instances, it can become chronic.
- Chronic pain is widely believed to represent disease itself. It can be made much

worse by environmental and psychological factors. Chronic pain persists over a longer period of time than acute pain and is resistant to most medical treatments. It can—and often does—cause severe problems for patients.

How is Pain Diagnosed?

There is no way to tell how much pain a person has. No test can measure the intensity of pain, no imaging device can show pain, and no instrument can locate pain precisely. Sometimes, as in the case of headaches, physicians find that the best aid to diagnosis is the patient's own description of the type, duration, and location of pain. Defining pain as sharp or dull, constant or intermittent, burning or aching may give the best clues to the cause of pain. These descriptions are part of what is called the pain history, taken by the physician during the preliminary examination of a patient with pain.

Physicians, however, do have a number of technologies they use to find the cause of pain. Primarily these include:

- Electrodiagnostic procedures include electromyography (EMG), nerve conduction studies, and evoked potential (EP) studies. Information from EMG can help physicians tell precisely which muscles or nerves are affected by weakness or pain. Thin needles are inserted in muscles and a physician can see or listen to electrical signals displayed on an EMG machine.
- Imaging, especially magnetic resonance imaging or MRI, provides physicians with pictures of the body's structures and tissues. MRI uses magnetic fields and radio waves to differentiate between healthy and diseased tissue.
- A neurological examination in which the physician tests movement, reflexes, sensation, balance, and coordination.
- X-rays produce pictures of the body's structures, such as bones and joints.

August 2006

Notes

The spinal cord acts as a sort of relay center where the pain signal can be blocked, enhanced, or otherwise modified before it is relayed to the brain. One area of the spinal cord in particular, called the dorsal horn, is important in the reception of pain signals.

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Pain is the number one complaint of older Americans, and one in five older Americans takes a painkiller regularly.

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Pain in younger patients requires special attention, particularly because **young children are not always able to describe the degree of pain they are experiencing**. Although treating pain in pediatric patients poses a special challenge to physicians and parents alike, pediatric patients should never be undertreated.

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August 2006

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The body's natural painkillers may yet prove to be the most promising pain relievers, pointing to one of the most important new avenues in drug development. Many pharmaceutical companies are working to synthesize these substances in laboratories as future medications.

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Pain is a complicated process that involves an intricate interplay between a number of important chemicals found naturally in the brain and spinal cord. In general, these chemicals, called neurotransmitters, transmit nerve impulses from one cell to another.

THURSDAY
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Endorphins are natural painkillers. Endorphins may be responsible for the "feel good" effects experienced by many people after rigorous exercise; they are also implicated in the pleasurable effects of smoking.

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August 2006

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Ongoing pain research, much of it supported by the NINDS, continues to reveal at an unprecedented pace fascinating insights into how genetics, the immune system, and the skin contribute to pain responses.

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Notes

Chronic Pain

What is Chronic Pain?

While acute pain is a normal sensation triggered in the nervous system to alert you to possible injury and the need to take care of yourself, chronic pain is different. Chronic pain persists. Pain signals keep firing in the nervous system for weeks, months, even years. There may have been an initial mishap—sprained back, serious infection, or there may be an ongoing cause of pain—arthritis, cancer, ear infection, but some people suffer chronic pain in the absence of any past injury or evidence of body damage. Many chronic pain conditions affect older adults. Common chronic pain complaints include headache, low back pain, cancer pain, arthritis pain, neurogenic pain (pain resulting from damage to the peripheral nerves or to the central nervous system itself), psychogenic pain (pain not due to past disease or injury or any visible sign of damage inside or outside the nervous system).

Is there any treatment?

Medications, acupuncture, local electrical stimulation, and brain stimulation, as well as surgery, are some treatments for chronic pain. Some physicians use placebos, or 'dummy' pills, which in some cases has resulted in a lessening or elimination of pain. Psychotherapy, relaxation and medication therapies, biofeedback, and behavior modification may also be employed to treat chronic pain.

What is the prognosis?

Many people with chronic pain can be helped if they understand all the causes of pain and the many and varied steps that can be taken to undo what chronic pain has done. Scientists believe that advances in neuroscience will lead to more and better treatments for chronic pain in the years to come.

What research is being done?

Clinical investigators have tested chronic pain patients and found that they often have lower-than-normal levels of endorphins in their spinal fluid. Investigations of acupuncture include wiring the needles to stimulate nerve endings electrically (electroacupuncture), which some researchers believe activates endorphin systems. Other experiments with acupuncture have shown that there are higher levels of endorphins in cerebrospinal fluid following acupuncture. Investigators are studying the effect of stress on the experience of chronic pain. Chemists are synthesizing new analgesics and discovering painkilling virtues in drugs not normally prescribed for pain.

Source: *NINDS Chronic Pain Information Page.* NINDS, NIH (January 2006).

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17	18	19 Take a Loved One for a Check-up Day	20	21	22	23
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National Rehabilitation Awareness Celebration

Menopause

Menopause, or the "change of life," is different for each woman. For example, hot flashes and sleep problems may trouble your sister. Meanwhile, you could have a new sense of freedom and energy. Your best friend might hardly be aware of a change at all.

What is Menopause?

Menopause is a normal part of life, just like puberty. It is the time of your last period, but symptoms can begin several years before that. And these symptoms can last for months or years after. Some time around 40, you might notice that your period is different—how long it lasts, how much you bleed, or how often it happens may not be the same. Or, without warning, you might find yourself feeling very warm during the day or in the middle of the night. Changing levels of estrogen and progesterone, which are two female hormones made in your ovaries, might lead to these symptoms.

Menopause doesn't usually happen before you are 40, but it can happen any time from your 30s to your mid 50s or later. The average is 51. Smoking can lead to early menopause. Some types of surgery can bring on menopause. For example, removing your uterus (hysterectomy) before menopause will make your periods stop, but your ovaries will still make hormones. That means you could still have symptoms of menopause like hot flashes when your ovaries start to make less estrogen. But, when both ovaries are also removed (oophorectomy), menopause symptoms can start right away, no matter what your age is, because your body has lost its main supply of estrogen.

What Are the Signs of Menopause?

Women may have different signs or symptoms at menopause. That's because estrogen is used by many parts of your body. So, changes in how much estrogen you have can cause assorted symptoms. But, that doesn't mean you will have all, or even most, of them.

Changes in your period. This might be what you notice first. Your period may no longer be regular. How much you bleed could change. It could be lighter than normal. Or, you could have a heavier flow. Periods may be shorter or last longer. These are all normal results of changes in your reproductive system as you

Learn More!

National Institute on Aging Information Center
(800) 222-2225
www.nia.nih.gov

grow older. But, just to make sure there isn't a problem, see your doctor if:

- Your periods are coming very close together,
- You have heavy bleeding,
- You have spotting,
- Your periods are lasting more than a week.

Hot flashes. These are very common around the time of menopause because they are related to changing estrogen levels. A hot flash is a sudden feeling of heat in the upper part of your body. Your face and neck become flushed. Red blotches may appear on your chest, back, and arms. Heavy sweating and cold shivering can follow. Flashes can be as mild as a light blush or severe enough to wake you from a sound sleep (called night sweats).

Problems with the vagina and bladder. Changing estrogen levels can cause your genital area to get drier and thinner. This could make sexual intercourse uncomfortable. You could have more vaginal or urinary infections. You might find it hard to hold urine long enough to get to the bathroom. Sometimes your urine might leak during exercise, sneezing, coughing, laughing, or running.

Sex. Around the time of menopause you may find that your feelings about sex have changed. You could be less interested. Or, you could feel freer and sexier after menopause. You can stop worrying about becoming pregnant after one full year without a period. But, remember you can't ever stop worrying about sexually-transmitted diseases (STDs), such as HIV/AIDS or gonorrhea. If you think you might be at risk for an STD, make sure your partner uses a condom each time you have sex.

Sleep problems. You might start having trouble getting a good night's sleep. Maybe you can't fall asleep easily, or you wake too early. Night sweats might wake you up. You

Are You Bothered by Hot Flashes?

Menopause is not a disease that has to be treated. But you might need help with symptoms like hot flashes. Here are some ideas that have helped some women:

- Try to keep track of when hot flashes happen—a diary can help. You might be able to use this information to find out what triggers your flashes and then avoid it.
- When a hot flash starts, go somewhere cool.
- If night sweats wake you, try sleeping in a cool room or with a fan on.
- Dress in layers that you can take off if you get too warm.
- Use sheets and clothing that let your skin "breathe."
- Have a cold drink (water or juice) when a flash is starting.

You could also talk to your doctor about whether there are any medicines to manage hot flashes. Gabapentin, megestrol acetate, and certain antidepressants seem to be helpful to some women.

Source: *Age Page: Menopause*. NIH National Institute on Aging (May 2005).

might have trouble falling back to sleep if you wake during the night.

Mood changes. You might find yourself more moody, irritable, or depressed around the time of menopause.

Changes in your body. You might think your body is changing. Your waist could get larger. You could lose muscle and gain fat. Your skin could get thinner. You might have memory problems, and your joints and muscles could feel stiff and achy.

Q What advice can you give women about taking estrogen-alone and estrogen-plus-progestin therapy?

A The Food and Drug Administration (FDA) states that hormone therapy should not be taken to prevent heart disease. These products are approved therapies for relief from moderate to severe hot flashes and symptoms of vulvar and vaginal atrophy.

How Can I Stay Healthy After Menopause?

Staying healthy after menopause may mean making some changes in the way you live.

- Don't smoke. If you do use any type of tobacco, stop—it's never too late to benefit from quitting smoking.
- Eat a healthy diet—one low in fat, high in fiber, with plenty of fruits, vegetables, and whole-grain foods, as well as all the important vitamins and minerals.
- Make sure you get enough calcium and vitamin D—in your diet or in vitamin/mineral supplements.
- Learn what your healthy weight is, and try to stay there.
- Do weight-bearing exercise, such as walking, jogging, or dancing, at least 3 days each week for healthy bones. But try to be physically active in other ways for your general health.

Other things to remember:

- Take medicine to lower your blood pressure if your doctor prescribes it for you.
- Use a water-based vaginal lubricant (not petroleum jelly) or a vaginal estrogen cream or tablet to help with vaginal discomfort.
- Get regular pelvic and breast exams, Pap tests, and mammograms. You should also be checked for colon and rectal cancer and for skin cancer. Contact your doctor right away if you notice a lump in your breast or a mole that has changed.

Source: *Age Page: Menopause*. NIH National Institute on Aging (May 2005).

September 2006

Notes

If you have experienced surgical menopause, you **may face more severe menopausal symptoms** than someone going through natural menopause.

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Menopause is a part of every woman's reproductive life cycle. It is not an illness that necessitates treatment.

Saturday
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Sunday
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August 2006

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September 2006

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October 2006

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Monday
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Labor Day

Tuesday
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If you smoke, you could go through menopause about **one and a half years earlier** than your friends who don't smoke.

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September 2006

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Sunday
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The chance of becoming infected by HIV (human immunodeficiency virus) and developing AIDS (acquired immunodeficiency syndrome) is something you must consider as long as you are sexually active. In fact, about 10 percent, possibly as many as 15 percent of all people diagnosed with AIDS in the United States are **age 50 and older**—more than 75,000 Americans.

AUGUST 2006

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SEPTEMBER 2006

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OCTOBER 2006

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MONDAY
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TUESDAY
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WEDNESDAY
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Perimenopause, also known as the climacteric, begins before menopause. Your body begins to experience changes—both physical and hormonal. The symptoms we associate with menopause such as hot flashes and irregular menstrual cycles may start to appear. The average perimenopause lasts for 4 years. It continues, by definition, through the 12 months following your last period.

THURSDAY
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FRIDAY
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SATURDAY
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SUNDAY
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September 2006

Monday
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Tuesday
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Wednesday
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Scientists have found that some women do experience changes in libido with menopause and that these women also believe that a lessening interest in sex accompanies growing older. Interestingly, the researchers determined that such changes are not related to estrogen loss, but instead to other factors such as attitudes, general health, and marital status.

Thursday
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Friday
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Saturday
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The average life expectancy for a woman born in 1900 was 50.7 years. A girl born in 1990 can expect to live nearly 79 years. This means that **she will probably live a third of her life after menopause**.

Notes

AUGUST 2006

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SEPTEMBER 2006

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OCTOBER 2006

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Do CAM Therapies Help Menopausal Symptoms?

Many women and their health care providers have become interested in Complementary and Alternative Medicine (CAM) therapies for menopausal symptoms. CAM therapies are medical and health care systems, practices, and products that are not currently considered to be part of conventional medicine. Complementary medicine is used along with conventional medicine. Alternative medicine is used instead of conventional medicine.

There is very little scientific evidence to support the effectiveness of CAM therapies for menopausal symptoms. However, it is possible that some CAM therapies, while not as effective as menopausal hormone therapy (MHT), may provide some relief to women during the menopausal transition. Here are some points to keep in mind about these therapies:

- It is important for women who are considering or using CAM therapies for any health reason to discuss them with their health care provider. This is to help ensure safety and a comprehensive treatment plan.
- Botanical and other dietary supplements can interact with prescription and over-the-counter drugs, affecting how the body reacts. Supplements can pose other safety issues as well. Some have been found to be contaminated, contain unlabeled ingredients, or have different amounts of ingredients than are listed on the label. "Natural" does not automatically mean "safe."
- Pharmacists can be a helpful source of information about supplements. However, their advice should not be viewed as a substitute for the advice of a health care provider.
- The claims for many CAM therapies can be attractive, ranging from enhancing well-being to producing health results that might seem unbelievable. Check whether such claims are based only on personal stories (testimonials) or on the results of controlled research studies. It is important to know whether scientific research has proven that a therapy works.
- The cost of a CAM therapy may be a concern, as many CAM therapies are not covered by insurance.

CAM therapies are not the only alternatives to MHT to consider. Certain lifestyle changes can contribute to healthy aging, including during the menopausal transition. For example, quitting smoking, eating a healthy diet, and exercising regularly have been shown to reduce the risks of heart disease, osteoporosis, and some cancers.

To learn more, contact:

National Center for Complementary and Alternative Medicine (NCCAM) Clearinghouse
(888) 644-6226 (toll-free)
info@nccam.nih.gov
www.nccam.nih.gov

Source: *Do CAM Therapies Help Menopausal Symptoms?* NIH National Center for Complementary and Alternative Medicine (November 2005).

October 2006

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2 National Child Health Day	3	4	5	6	7
8	9 *Columbus Day*	10	11	12	13	14
15	16 National Mammography Day National Health Education Week	17	18	19	20	21
22	23	24	25 Lung Health Day	26	27	28
29	30	31			National Breast Cancer Awareness Month	

What You Need to Know About Breast Cancer

Breast cancer is the most common type of cancer among women in this country (other than skin cancer). Each year, more than 211,000 American women learn they have this disease.

Since 1987, more women have died each year of lung cancer than of breast cancer, which had been the major cause of cancer death in women for more than 40 years. Although lung cancer incidence and mortality rates in men have been declining since the early 1980s and 1990s, respectively, these rates for women have continued to increase until recently.

What Are the Risk Factors for Breast Cancer?

No one knows the exact causes of breast cancer. Doctors often cannot explain why one woman develops breast cancer and another does not. Research has shown that women with certain risk factors are more likely than others to develop breast cancer. A risk factor is something that may increase the chance of developing a disease.

Risk factors for breast cancer include the following:

- Older age.
- Menstruating at an early age.
- Older age at first birth or never having given birth.
- A personal history of breast cancer or benign (noncancer) breast disease.
- A mother or sister with breast cancer.
- Treatment with radiation therapy to the breast/chest.
- Breast tissue that is dense on a mammogram.
- Taking hormones such as estrogen and progesterone.
- Drinking alcoholic beverages.
- Being white.

Many risk factors can be avoided. Others, such as family history, cannot be avoided. Women can help protect themselves by staying away from known risk factors whenever possible.

If you think you may be at risk, you should discuss this concern with your doctor. Your doctor may be able to suggest ways to reduce your risk and can plan a schedule for checkups.

Learn More!

National Cancer Institute
(800) 4-CANCER (800-422-6237)
cancergovstaff@mail.nih.gov.
www.cancer.gov

Get a Mammogram: Do It for Yourself, Do It for Your Family

- Get a mammogram every 1 to 2 years.
- Take care of your health now, so you can be there for your family later.
- Finding the disease early with mammograms and breast exams by your doctor or nurse can save your life.
- Mammograms can often show a breast lump before it can be felt. For yourself and your family, call your doctor for an exam and mammogram today.

Are Mammogram Results Always Right?

No. Although they are not perfect, mammograms are the best method to find breast changes. If your mammogram shows a breast change, sometimes other tests are needed to better understand it. Even if the doctor sees something on the mammogram, it does not mean it is cancer.

Changes That Need More Follow-Up

Sometimes your doctor needs more information about a change on your mammogram. Your doctor may do follow-up tests such as an ultrasound or more mammograms. The only way to find out if an abnormal result is cancer is to do a biopsy. It is important to know that most abnormal findings are not cancer.

Source: *Get a Mammogram: Do It for Yourself, Do It for Your Family.* NIH National Cancer Institute.

What is Screening?

Screening is looking for cancer before a person has any symptoms. This can help find cancer at an early stage. When abnormal tissue or cancer is found early, it may be easier to treat. By the time symptoms appear, cancer may have begun to spread.

Your doctor may suggest the following screening tests for breast cancer:

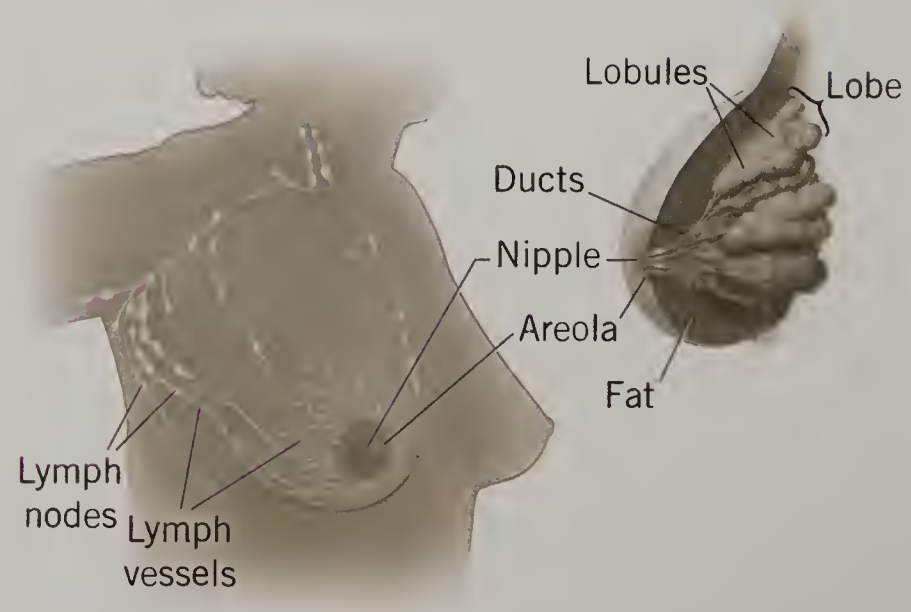
- Screening mammogram
- Clinical breast exam
- Breast self-exam

You should ask your doctor about when to start and how often to check for breast cancer.

What Are the Tests That Find and Diagnose Breast Cancer?

Tests that examine the breasts are used to detect (find) and diagnose breast cancer. The following tests and procedures may be used:

- Mammogram: An x-ray of the breast.



- Biopsy: The removal of cells or tissues so they can be viewed under a microscope by a pathologist to check for signs of cancer. If a lump in the breast is found, the doctor may need to cut out a small piece of the lump.
- Estrogen and progesterone receptor test: A test to measure the amount of estrogen and progesterone (hormones) receptors in cancer tissue. If cancer is found in the breast, tissue from the tumor is examined in the laboratory to find out whether estrogen and progesterone could affect the way cancer grows. The test results show whether hormone therapy may stop the cancer from growing.

Finding the Support You Need

It can be scary when you find out about a breast change, get an abnormal mammogram result, or learn you have breast cancer.

Many women have found it helpful to:

- Ask friends or loved ones for support. Take someone with you while you are learning about your testing and treatment choices.
- Ask your doctor or nurse to:
  - Help you understand medical terms that are confusing.
  - Tell you how other people have handled the types of feelings that you are having.

What Are the Tests That Find and Diagnose Breast Cancer?

See your health care provider about a breast change when you have:

- A lump in or near your breast or under your arm
- Thick or firm tissue in or near your breast or under your arm
- Nipple discharge or tenderness
- A nipple pulled back (inverted) into the breast
- Itching or skin changes such as redness, scales, dimples, or puckers
- A change in breast size or shape

If you notice a lump in one breast, check the other breast. If both breasts feel the same, it may be normal. You should still see your health care provider for a clinical breast exam to see if more tests are needed.

Source: *Understanding Breast Changes: A Health Guide for All Women*. NIH National Cancer Institute (August 2004).

October 2006

Notes

Each year, about 1,700 men in this country learn they have breast cancer. More specific information about breast cancer in men is available on NCI's Web site at www.cancer.gov and from NCI's Cancer Information Service at 1-800-4CANCER.

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September 2006

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November 2006

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Simply being a woman and getting older puts you at risk for breast cancer. **The older you are, the greater your chances of getting breast cancer**. Also, you are at higher risk if your mother, sister, or daughter has had breast cancer.

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The National Cancer Institute estimates that, based on current rates, **13.2 percent of women born today will be diagnosed with breast cancer at some time in their lives.**

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October 2006

Monday 9

Columbus Day

Tuesday 10

Wednesday 11

Breast examination should be part of prenatal and postnatal care. To detect breast cancer, pregnant and nursing women should examine their breasts themselves. Women should also receive clinical breast examinations during their routine prenatal and postnatal examinations.

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Sunday 15

September 2006

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November 2006

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Monday 16

It is estimated that approximately **$8.1 billion is spent in the United States each year on treatment of breast cancer.**

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Wednesday 18

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Although the breast cancer diagnosis rate has increased, **there has been a steady drop in the overall breast cancer death rate** since the early 1990s.

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October 2006

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Breast cancer is diagnosed more often in white women than Latina, Asian, or African American women.

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SEPTEMBER 2006

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OCTOBER 2006

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NOVEMBER 2006

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MONDAY
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TUESDAY
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The National Cancer Institute's (NCI's) **investment in breast cancer research has increased** from $438.7 million in fiscal year 2000 to an estimated $570.0 million in fiscal year 2005.

NOTES

NOVEMBER 2006

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
American Diabetes Month Diabetic Eye Disease Month			1	2	3	4
5	6	7	8	9	10 *Veterans Day*	11
12	13	14	15	16 Great American Smokeout	17	18
19	20	21 Prematurity Awareness Day	22	23 *Thanksgiving Day*	24	25
GERD (Gastroesophageal Reflux Disease) Awareness Week						
26	27	28	29	30		

Lower Your Risk for Diabetes

Diabetes is a serious disease. It affects almost every part of the body. Diabetes means that your blood glucose (also called your "blood sugar") is too high.

There are three main types of diabetes:

- **Type 1 diabetes.** In this type of diabetes, the body does not make insulin. Insulin helps the body use glucose from food for energy. People with type 1 diabetes need to take insulin every day. This type of diabetes is usually first diagnosed in children, teenagers, or young adults.
- **Type 2 diabetes.** In this type of diabetes, the body does not make or use insulin well. People with type 2 diabetes often need to take pills or insulin or both. Type 2 diabetes is the most common form of diabetes. People can develop type 2 diabetes at any age—even during childhood.
- **Gestational diabetes.** This type of diabetes develops during the late stages of pregnancy. It is caused by the hormones of pregnancy or a shortage of insulin. Although it usually goes away after the baby is born, a woman who has had gestational diabetes, and her child, have an increased risk for getting diabetes later in life.

All people with diabetes need to eat healthy foods, stay at a healthy weight, be active every day, test their glucose levels as needed, and take medications as prescribed.

Why Is Diabetes Dangerous?

Diabetes can cause many health problems such as:

- heart disease and stroke
- eye disease that can lead to vision problems or even going blind
- nerve damage that can cause your hands and feet to feel numb or tingle and that can lead to the loss of a foot or a leg
- kidney problems
- gum disease and loss of teeth.

Diabetes is widely recognized as one of the leading causes of death and disability in the United States. In 2005, it was the sixth leading cause of death. However, diabetes is likely to be underreported as the cause of death on death certificates. Overall, the risk for death among people with diabetes is about twice that of people without diabetes of similar age.

Learn More!

Contact the National Diabetes Information Clearinghouse
(800) 860–8747
ndic@info.niddk.nih.gov
www.diabetes.niddk.nih.gov

Are You Likely to Get Diabetes?

Some people have a higher chance of getting type 2 diabetes. They should ask their doctor if they need to be tested for diabetes. These include people who:

- are age 45 and older
- are overweight
- are African American, Hispanic/Latino American, Asian American or Pacific Islander, or American Indian and Alaska Native
- have a parent, brother, or sister with diabetes
- have high blood pressure (above 140/90)
- have low HDL (good cholesterol) and high levels of blood fats
- have had diabetes when pregnant or gave birth to a large baby (over 9 pounds)
- are active less than three times a week
- have been told they have polycystic ovary syndrome
- have a history of disease of the blood vessels to the heart, brain, or legs
- have acanthosis nigricans (dark, thick, and velvety skin around the neck or armpits).

Luckily, you can do a lot to lower your chances of getting diabetes. Losing a small amount of weight, by reducing your fat and calorie intake, and exercising regularly can reduce your risk of developing type 2 diabetes. Lowering your blood pressure and cholesterol levels will also help you stay healthy.

Know the Signs of Type 2 Diabetes

Many people have no signs or symptoms of type 2 diabetes. Symptoms can be so mild that you might not even notice them. Nearly six million people in the United States have type 2 diabetes and do not know it. Here is what to look for:

- increased thirst
- increased hunger
- fatigue
- increased urination, especially at night
- weight loss
- blurred vision
- sores that do not heal.

Source: *Am I At Risk for Type 2 Diabetes?* Taking Steps to Lower the Risk of Getting Diabetes, National Institute of Diabetes and Digestive and Kidney Diseases (January 2006).

Should You Be Tested for Diabetes?

Talk to your health care provider about your risk and whether you should be tested. Anyone 45 years old or older should consider getting tested for diabetes. If you are 45 or older and overweight, it is strongly recommended that you get tested. If you are younger than 45, overweight, and have one or more of the risk factors listed above, you should consider getting tested.

What If You Already Have Diabetes?

Work with your health care team, friends, and family to make healthy lifestyle choices. Here's what you can do:

- **Follow your diabetes food plan.** If you don't have one, ask your health care

provider or team to help you create one that's right for you.

- **Eat the right portions of healthy foods** such as fruits and vegetables (5 to 9 servings a day), fish, lean meats, beans, peas, whole grains, and low-fat or skim milk and cheese.
- **Eat foods that have less salt and fat.**
- **Get 30 to 60 minutes of activity** on most days of the week.
- **Stay at a healthy weight**—by being active and eating the right amounts of healthy foods.
- **Stop smoking**—seek help to quit.
- **Take medicines** the way your doctor tells you. Ask if you need aspirin to prevent heart attack or stroke.
- **Check your feet every day** for cuts, blisters, red spots, and swelling. Call your doctor right away about any sores that won't heal.
- **Brush your teeth and floss every day** to avoid problems with your mouth, teeth, or gums.

Know Your Diabetes ABCs

If you have diabetes, you are at high risk for heart attack or stroke. But you can fight back. Be smart about your heart. Take control of the ABCs of diabetes and live a long and healthy life.

A is for the A1C test. It shows how well your blood glucose has been controlled over the last 3 months. It should be checked at least twice a year. The goal for most people is less than 7. High blood glucose levels can harm your kidneys, feet, and eyes.

B is for blood pressure. The goal for most people is 130/80. High blood pressure makes your heart work too hard. It can cause heart attack, stroke, and kidney disease.

C is for cholesterol. The LDL goal for most people is less than 100. Bad cholesterol, or LDL, can build up and clog your blood vessels. It can cause a heart attack or a stroke.

Be sure to get routine care. See your health care team at least twice a year to find and treat problems early.

Source: *Be Smart About Your Heart: Control the ABCs of Diabetes.* National Diabetes Education Program (2001).

- **Check your blood glucose** the way your doctor tells you to.

Also, be sure to get routine care. See your doctor or health care team at least twice a year to find and treat problems early.

November 2006

Notes

Diabetes is the leading cause of new cases of blindness among adults aged 20-74 years. Poorly controlled diabetes during the second and third trimesters of pregnancy can result in excessively large babies, posing a risk to both mother and child.

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You have the power to prevent or delay the onset of type 2 diabetes. A major federally-funded study, the Diabetes Prevention Program, showed that **a modest amount of weight loss, by eating a low fat, low calorie diet and regular physical activity can delay and possibly prevent type 2 diabetes.**

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According to 2005 national estimates, **20.8 million people in the United States—7 percent of the population**—have diabetes.

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Nearly 200,000 pregnant women get gestational diabetes every year, making it one of the top health concerns related to pregnancy. If you have been diagnosed with gestational diabetes, you and your child are at an increased lifelong risk for type 2 diabetes. Luckily, gestational diabetes is treatable, especially if you find out about it early in your pregnancy. If you are pregnant, follow your health care provider's advice about your risk level for gestational diabetes and getting tested.

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Friday
Veterans Day
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November 2006

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People with diabetes are at risk for mouth infections, especially gum disease. If you have diabetes, be sure to control your blood glucose, brush and floss every day, and visit your dentist regularly. Tell your dentist if your dentures don't fit right or if your gums are sore, and quit smoking. Smoking makes gum disease worse. Your physician or dentist can help you quit.

October 2006

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December 2006

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MONDAY
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The latest national estimates show that **9.7 million American women have diabetes**. This represents 8.8% of all women ages 20 years and older.

TUESDAY
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WEDNESDAY
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THURSDAY *Veterans Day*
23

Heart disease and stroke account for about 65% of deaths in people with diabetes. **Adults with diabetes have heart disease death rates about 2 to 4 times higher than adults without diabetes.**

FRIDAY
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SATURDAY
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SUNDAY
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November 2006

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Pre-diabetes is a condition in which blood glucose levels are higher than normal but are not high enough for a diagnosis of diabetes. **If you have pre-diabetes, you are at risk for getting type 2 diabetes and heart disease.** But there's good news! With modest weight loss and moderate physical activity, you can delay or prevent type 2 diabetes and even return to normal glucose levels.

Thursday
30

Notes

IT'S NOT TOO LATE TO

PREVENT DIABETES

Take Your First Step Today

Recent studies show that people over 60 can prevent or delay type 2 diabetes. Lose a small amount of weight by walking 30 minutes 5 days a week and eating healthy. Talk to your health care provider about your risk for type 2 diabetes and the small steps you can take to prevent it.

For more information about diabetes prevention, call 1-800-438-5383 and ask for "It's Not Too Late to Prevent Diabetes"

small steps big rewards
Prevent Type 2 Diabetes

www.ndep.nih.gov

A message from the National Diabetes Education Program, sponsored by the National Institutes of Health and the Centers for Disease Control and Prevention.

December 2006

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1 World AIDS Day	2
3	4 National Aplastic Anemia Awareness Week	5	6	7	8	9
10	11	12	13	14	15	16
17	18 National Handwashing Awareness Week	19	20	21	22	23
24/31	25 *Christmas Day*	26	27	28	29	30

Caring for the Caregiver: You

Caregiving means caring for others, whether friends or relatives, who have health problems or disabilities and need help. Caregivers provide many kinds of help to care receivers, from grocery shopping to helping with daily tasks such as bathing, dressing, and eating. Most people who need help from caregivers are elderly.

Caregivers often need help caring for an elderly or disabled care receiver. Sometimes other family members or friends and neighbors are able to help, but many caregivers do most or all of the caregiving for a loved one alone.

Caring for a Person with Alzheimer's Disease

Caring for a person with Alzheimer's disease (AD) or other kinds of dementia at home is a difficult task and can become overwhelming at times. Each day brings new challenges as the caregiver copes with changing levels of ability and new patterns of behavior.

Caregivers of people with AD are usually family members—often wives and daughters. The chronic stress often associated with the caregiving role can contribute to mental health problems; indeed, caregivers are much more likely to suffer from depression than the average person. Since women in general are at greater risk for depression than men, female caregivers of people with AD may be particularly vulnerable to depression.

It's important to know that you're not alone. There are many resources and support groups for caregivers of people with AD:

- The **Alzheimer's Disease Education and Referral (ADEAR) Center** is a service of the National Institute of Aging and is funded by the Federal Government. It offers information on diagnosis, treatment, patient care, caregiver needs, long-term care, education and training, and research related to AD. Staff answer telephone, e-mail, and written requests and make referrals to local and national resources. Call toll-free (800) 438-4380 or visit www.alzheimers.org.
- **Eldercare Locator** is a nationwide, directory assistance service helping older people and their caregivers locate local support and resources for older Americans. It is funded by the Administration on Aging. Call toll-free 1-800-677-1116 or visit www.eldercare.gov.

Learn More!

Contact the The National Institute on Aging Information Center
(800) 222-2225
www.nia.nih.gov

- The **National Family Caregiver Support Program** is a federally funded program through the Older Americans Act. It helps states provide services to help family caregivers. These services include information to caregivers about available services; help to caregivers in gaining access to services; individual counseling, organization of support groups, and caregiver training; respite care; and supplemental services, on a limited basis, to complement the care provided by caregivers. To access these services, contact your nearest Area Agency on Aging. The Eldercare Locator (see previous paragraph) can help you find the nearest one.

Caregiving Snapshot

- More than 22.4 million U.S. households are serving in family caregiving roles for persons over the age of 50, and that number will increase rapidly as the population ages, and as medical science continues to extend life.
- One out of every four people is a caregiver for a family member or friend.
- In the absence of a spouse who is able to provide care, a daughter or daughter in law is most likely to assume the role of caregiver.
- The contribution of America's caregivers to our health care system is valued at $257 billion annually.

Source: *Caregiving Snapshot: National Family Caregiving Support Program.* U.S. Department of Health and Human Services, Administration on Aging. (August 2003).

Take Care of Yourself: Eat Right!

In order to take care of others, you need to take care of yourself. That means eating right to stay healthy. Eating plenty of fruits and vegetables every day can reduce your risk for heart disease, stroke, high blood pressure, type 2 diabetes, and some cancers.

The National Cancer Institute recommends that women eat 7 servings of fruits and vegetables a day as part of an active lifestyle to promote good health and help protect against these diet-related diseases. Servings are pretty small—one serving of fruits and vegetables should fit within the palm of your hand.

Stay Healthy by Staying Active

You can also take care of yourself by staying active. Experts recommend at least 30 minutes of moderate-intensity physical activity on most, if not all, days of the week.

Physical activity can be fun! Do things you enjoy like dancing, rollerblading, or fast walking.

If you can, be physically active with a friend or group. That way, you can cheer each other on, have company, and feel safer when you are outdoors. Find a local school track where you can walk or run, go for a

stroll in a local park, or join a recreation center near your home or work.

Think you don't have time for physical activity? It is easy to move more by making these small changes to your daily routine:

- Get off the bus or subway one stop early and walk the rest of the way (be sure the area is safe).
- Park your car farther away and walk to your destination.
- Walk to each end of the mall when you go shopping.

Get Your Own Affairs in Order

As a caregiver, you know how important it is to know where all of your family members' financial and medical records are. No one ever plans to be sick or disabled. Yet planning ahead can make all the difference in an emergency. Here are some steps that can help you plan how your affairs will be handled in the future:

- **Gather everything you can about your income, investments, insurance, and savings.**
- **Put your important papers and copies of legal documents in one place.** You could set up a file, put everything in a desk or dresser drawer, or just list the information and location of papers in a notebook. If your papers are in a bank safe deposit box, keep copies in a file at home. Check each year to see if there's anything new to add.
- **Tell a trusted family member or friend where you put all your important papers.** You don't need to tell this friend or family member your personal business, but someone should know where you keep your papers in case of emergency. If you don't have a relative or friend you trust, ask a lawyer to help.
- **Give consent in advance for your doctor or lawyer to talk with your caregiver as needed.** There may be questions about your care, a bill, or a health insurance claim. Without your consent, your caregiver may not be able to get needed information. You can give permission in advance to Medicare, a credit card company, your bank, or your doctor. Sometimes you can give your OK over the telephone. Other times you may need to sign and return a form.

Help Contribute to Research About Caregivers

The NIH funds numerous research studies about caregivers that you might be able to join. Participants in clinical trials can play a more active role in their own health care, gain access to new research treatments before they are widely available, and help others by contributing to medical research. To learn about clinical trials that are now recruiting volunteers, visit www.clinicaltrials.gov and search by the keyword "caregivers." Or call the NIH National Library of Medicine toll-free at (888) 346-3656.

December 2006

Notes

Women caregivers are particularly prone to feeling stress and overwhelmed. It is important to note that caring for another person can also create positive emotional change. Aside from feeling stress, many caregivers say their role has had many positive effects on their lives. For example, caregivers report that caregiving has given them a sense of purpose. They say that their role makes them feel useful, capable and that they are making a difference in the life of a loved one.

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November 2006

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December 2006

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January 2007

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Research suggests that **the physical and emotional demands on caregivers put them at greater risk for health problems**: Caregivers are more at risk for infectious diseases, such as colds and flu, and chronic diseases, such heart problems, diabetes, and cancer.

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Caregivers juggle many roles. Besides assisting a loved one, most are married or living with a partner, have a paid job, and care for a child or another elder.

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December 2006

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One half of all caregivers are employed. **Employees who are also caregivers cost U.S. employers $29 billion annually**, which translates into an annual cost of $1142.50 per employee. Costs are a result of absenteeism, partial absenteeism, coming in late, and leaving early.

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According to the U.S. 2000 Census, **5.8 million grandparents live with grandchildren younger than 18**. Among these grandparents, 2.4 million are "grandparent caregivers," defined by the U.S. Census as people who have primary responsibility for their grandchildren younger than 18.

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Among grandparent caregivers, **39% have cared for their grandchildren for 5 or more years.**

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December 2006

Monday *Christmas Day*
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During flu season, many caregivers make sure that their loved ones get immunized, but neglect to get vaccinations for themselves. **The CDC recommends that caregivers of the elderly get a flu vaccine each year.** You should also be immunized against pneumonia (for most caregivers, one pneumococcal vaccination will last a lifetime), and tetanus (get one booster every ten years).

NOVEMBER 2006

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DECEMBER 2006

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JANUARY 2007

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Be Wise...Immunize

If you provide care at home for a chronically ill or disabled friend or relative, you're often "on-call" 24 hours a day, seven days a week. Sometimes the prolonged stress and physical demands can strain even the most capable person. You want to provide the best possible care, but in the process you can pay a high price by neglecting your own physical and emotional health. In fact, caring for yourself is one of the most overlooked elements of being a caregiver.

Caring for yourself might sound selfish when someone is ill and needs your help. But is it really selfish? Not at all. Without your good health, your loved one's health can suffer. If you become ill, you may:

- Infect your loved one
- Make caregiving errors or questionable decisions
- Have to resort to more costly alternatives for care
- Be separated from your loved one if you need to be hospitalized

There is, however, one thing you can do right away to stay healthy. It's quick, easy and effective: immunize yourself against some of the most preventable infectious diseases.

The Big Three

With immunization, you have protection against certain diseases. The most important immunizations you should have are against influenza, pneumococcal disease, and tetanus.

- Influenza and pneumonia are the fifth leading cause of death in older adults.
- More than 90% of those who die from flu and pneumonia are people 65 years of age and older.
- Tetanus, although rare, tends more often to be fatal for older adults.

Where Can You Get Immunized?

You can get these vaccines from your family doctor. In addition, your community health department or hospital may hold special clinics to offer influenza, pneumococcal and other vaccinations. Sometimes senior centers and pharmacies offer them, and during influenza season, you may even see clinics set up in shopping malls, grocery stores and other places. Costs may be covered by Medicare Part B, Medicaid or your private health insurance or HMO.

Where Can You Learn More?

Centers for Disease Control and Prevention (CDC)
www.cdc.gov
(800) CDC-INFO
(800) 232-4636
National Institute of Allergy and Infectious Diseases
www.niaid.nih.gov
(301) 496-5717

Source: *Be Wise...Immunize! A message for families and caregivers*. U.S. Department of Health and Human Services, Administration on Aging. (September 2005).

JANUARY 2007

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1 *New Year's Day*	2	3	4	5	6
7	8	9	10	11	12	13
14	15 *Birthday of Martin Luther King, Jr.*	16	17	18	19	20
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National Folic Acid Awareness Week

National Birth Defects Prevention Month

Reproductive Health

In general, a woman's reproductive health involves her:

- **Hypothalamus (pronounced high-poe-THAL-amus)—part of the brain that functions as the main control for the body's reproductive system.** The hypothalamus works like a thermostat in a furnace, in that it controls the levels of different hormones and other chemicals in the body. If the hypothalamus detects that there is too little of a hormone in the body, it orders the body to make more.
- **Pituitary (pronounced pitt-OO-ih-terry) gland—the body's master gland.** The pituitary sends out hormones, or chemical signals to control the other glands in the body. The pituitary gets orders from the hypothalamus about what the body needs.
- **Ovaries—the source of eggs in a woman's body.** The ovaries have follicles, which are tiny, fluid-filled sacs that hold the eggs. The ovaries also make hormones that help to maintain a woman's health, such as estrogen, progesterone, and testosterone. The ovaries receive the chemical signals from the pituitary and respond by making certain hormones.
- **Uterus—where a woman carries a baby, also called the "womb."** The uterus has different layers; its innermost layer or lining is called the endometrium—endo means "inside" and metrium (pronounced MEE-tree-um) means "womb." The endometrium functions as a bed for an embryo when a woman is pregnant. If no pregnancy occurs during the cycle, then the endometrium is shed as a menstrual flow, or a period, and the cycle starts all over again.

Learn More!

National Institute of Child Health and Human Development (NICHD)
(800) 370-2943
www.nichd.nih.gov

What are the different birth control methods that I can use?

There are many methods of birth control that a woman can use. Talk with your doctor or nurse to help you figure out what method is best for you. You can always try one method and if you do not like it, you can try another one.

- **The Male Condom.** Condoms are called barrier methods of birth control because they put up a block, or barrier, which keeps the sperm from reaching the egg. Only latex or polyurethane (because some people are allergic to latex) condoms are proven to

help protect against STDs, including HIV. Male condoms are 84 to 98% effective at preventing pregnancy.

- **Oral Contraceptives.** Also called "the pill," this contains the hormones estrogen and progestin and is available in different hormone dosages. A pill is taken daily to block the release of eggs from the ovaries. If you are over age 35 and smoke, or have a history of blood clots or breast, liver, or endometrial cancer, your doctor may advise you not to take the pill. The pill is 95 to 99.9% effective at preventing pregnancy.
- **The Female Condom.** Worn by the woman, this barrier method keeps sperm from getting into her body. It is made of polyurethane, is packaged with a lubricant, and may protect against STDs, including HIV. Female condoms are 79 to 95% effective at preventing pregnancy.

What Is the Best Method of Birth Control (or Contraception)?

The birth control method you choose should take into account:

- Your overall health
- How often you have sex
- The number of sexual partners you have
- If you want to have children
- How well each method works (or is effective) in preventing pregnancy
- Any potential side effects
- Your comfort level with using the method.

- **Diaphragm, Cervical Cap, or Shield.** These are barrier methods of birth control, where the sperm are blocked from entering the cervix and reaching the egg. The diaphragm is shaped like a shallow latex cup. The cervical cap is a thimble-shaped latex cup. The cervical shield is a silicone cup that has a one-way valve that creates suction and helps it fit against the cervix.

Care Before and During Pregnancy—Prenatal Care

Getting early and regular prenatal care is one of the best ways to promote a healthy pregnancy. Prenatal care is more than just health care; it often includes education and counseling about how to handle different aspects of pregnancy, such as nutrition and physical activity, what to expect from the birth itself, and basic skills for caring for your infant.

Folic Acid and Prenatal/Preconception Vitamins

The U.S. Public Health Service recommends that women of childbearing age get at least 400 micrograms of folic acid each day, through food sources and/or supplements. For women who are thinking about getting pregnant, health care providers recommend supplementing the diet with folic acid for three months before pregnancy, and then for at least the first three months of pregnancy. Prenatal vitamins are a good way to get extra folic acid into the diet to help avoid neural tube defects, such as spina bifida, in the fetus.

Healthy Behaviors

A healthy diet, weight level, and regular physical activity level can help to reduce problems for both mother and fetus during pregnancy.

Research shows that smoking, drinking alcohol, or using drugs, even now and again or in small amounts during pregnancy can cause health problems for the fetus, some of them severe. Many of these problems can have life-long effects. Alcohol and drug use may also make it harder for some women to get pregnant.

Infertility

Polycystic Ovary Syndrome (PCOS). PCOS is the most common cause of female infertility. A woman's ovaries have follicles, which are tiny, fluid-filled sacs that hold the eggs. When an egg is mature, the follicle breaks open to release the egg so it can travel to the uterus for fertilization. In women with PCOS, immature follicles bunch together to form large cysts or lumps. The eggs mature within the bunched follicles, but the follicles don't break open to release them. Researchers estimate that 5 percent to 10 percent of women in the United States have PCOS.

Endometriosis occurs when tissue like that which lines the inside of the uterus grows outside the uterus. The two most common symptoms, pain and infertility, can deeply affect a woman's quality of life. In many cases, women who receive treatment for their endometriosis pain are able to get pregnant.

Premature Ovarian Failure (POF)/Ovarian Insufficiency. Health care providers use the term POF to describe a stop in normal functioning of the ovaries in a woman under the age of 40. (Women's ovary function naturally begins to decline at age 40). In POF, the ovaries stop making eggs and stop making certain hormones.

Uterine fibroids are the most common, non-cancerous tumors in women of childbearing age. These often painful tumors are made of muscle cells and other tissues that grow within the wall of the uterus. Fibroids can grow in different locations, including:

- Just underneath the lining of the uterus, called submucosal (sub-myou-KO-sul)
- In between the muscles of the uterus, called intramural (in-tra-MYOU-rel)
- On the outside of the uterus, called subserosal (sub-sir-OH-sul).

JANUARY 2007

MONDAY
1 *New Year's Day*

Uterine fibroids are the cause of more than 200,000 hysterectomies each year.

TUESDAY
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WEDNESDAY
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THURSDAY
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December 2006

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January 2007

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February 2007

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Approximately 250,000 women under the age of 40 in the United States have Premature Ovarian Failure.

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JANUARY 2007

MONDAY
15

Birthday of Martin Luther King, Jr.

TUESDAY
16

About 30 percent to 40 percent of women with endometriosis are infertile, making it one of the top three causes of female infertility.

WEDNESDAY
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December 2006

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January 2007

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February 2007

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More than 17 percent of pregnant women between the ages of 15 and 44 smoke, according to the 2002 National Survey on Drug Use and Health. Much is known about the adverse effects of smoking during pregnancy: **Cigarette smoke reduces blood flow through the placenta by as much as 38 percent, and pregnant smokers are more than twice as likely as nonsmokers to have an infant with low birthweight**.

JANUARY 2007

MONDAY
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TUESDAY
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WEDNESDAY
31

NOTES

DECEMBER 2006

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FEBRUARY 2007

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NOTES

Looking for Information on the Effects of Chemicals on Your Reproductive Health?

Q I am considering having a child, but having grown up on a large farm, I have concerns about exposure to pesticides over a period of years. Those concerns relate to possible birth defects. Where can I go to get information about reproductive health?

A One place you can start your search is with the National Toxicology Program's Center for the Evaluation of Risks to Human Reproduction. This Web site, a service of NIH's National Institute of Environmental Health Sciences, is your resource for the latest information about potentially hazardous effects of chemicals on human reproduction and development. Visit: http://cerhr.niehs.nih.gov or call (919) 541-3455.

FEBRUARY 2007

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Heart Month				1	2 National Wear Red Day 2006 Give Kids a Smile Day	3
4	5 Congenital Heart Defect Awareness Week	6	7	8	9	10
11	12 Cardiac Rehabilitation Week	13	14 National Donor Day	15	16 National Women's Heart Day	17
18	19 *Washington's Birthday* National Porphyria Week	20	21	22	23	24
25	26 National Eating Disorders Awareness Week	27	28			

Your Health, Your Heart...

Heart disease is the #1 killer of American women. One in 2 women dies of heart disease or stroke, while 1 in 30 dies of breast cancer. Yet, women often don't take their risk of heart disease seriously.

What Is Heart Disease?

There are different kinds of heart disease. Coronary heart disease is the main form of heart disease. It is a disorder of the blood vessels of the heart that can lead to a heart attack. A heart attack happens when an artery becomes blocked, preventing oxygen and nutrients from getting to the heart.

Some women aren't too concerned about heart disease because they think it can be "cured" by surgery. This is a myth. Heart disease is a lifelong condition—once you get it, you'll always have it. But there is a lot you can do to prevent heart disease and increase your chances for a long and vital life.

Who's at Risk for Heart Disease?

Risk factors are conditions or habits that make a person more likely to develop a disease. They can also increase the chances that an existing disease will get worse. Here are the most important risk factors for heart disease:

1. **Smoking.** Women who smoke are two to six times more likely to suffer a heart attack than nonsmoking women, and the risk increases with the number of cigarettes smoked each day.
2. **High Blood Pressure.** High blood pressure is a major risk factor for heart disease. It is also the most important risk factor for stroke.
3. **Overweight.** The more overweight a woman is, the higher her risk for heart disease.
4. **Physical Inactivity.** Physical inactivity increases your risk of developing heart-related problems even if you have no other risk factors. It also increases the likelihood that you will develop other heart disease risk factors, such as high blood pressure, diabetes, and overweight.
5. **Diabetes.** Diabetes is a major risk factor for heart disease and stroke. About 65 percent of people who have diabetes die of some type of heart disease.

Learn More!

Contact the National Heart, Lung, and Blood Institute Health Information Center
(301) 592-8573
(240) 629-3255 (TTY)
nhlbiinfo@nhlbi.nih.gov
www.nhlbi.nih.gov

To learn more about your own risk for heart disease, see your doctor for a thorough checkup. Don't wait for your doctor to mention heart disease or its risk factors. Speak up. Tell your doctor you want to keep your heart healthy and would like help in achieving that goal.

Know the Signs of a Heart Attack

For many people, the first symptom of heart disease is a heart attack. Therefore, every woman should know how to identify the symptoms of a heart attack and how to get immediate medical help. The most common warning signs for men and women are:

- **Chest discomfort**. Most heart attacks involve discomfort in the center of the chest that lasts for more than a few minutes. It may feel like uncomfortable pressure, squeezing, fullness, or pain. The discomfort may be mild or severe, and it may come and go.
- **Discomfort in other areas of the upper body**, including one or both arms, the back, neck, jaw, or stomach.
- **Shortness of breath**. This may occur along with or without chest discomfort.
- **Other signs** include nausea, lightheadedness, or breaking out in a cold sweat.

If you think you, or someone else, may be having a heart attack, call 9-1-1 quickly—within 5 minutes of the start of symptoms.

Source: *The Healthy Heart Handbook for Women.* National Heart, Lung, and Blood Institute (2005 rev. edition).

Act Now to Protect Your Heart

If you eat a nutritious diet, get regular physical activity, maintain a healthy weight, and stop smoking, you will improve your heart health. Even if you already have heart disease, you can lessen its severity by following this plan:

1. **Eat for Health.** The health of your heart has a lot to do with the foods you eat. Choose a variety of grains (especially whole grains), fruits, and vegetables daily. Eat a diet low in saturated fat, trans fat, and cholesterol, and moderate in total fat. Limit your intake of sugars and choose and prepare foods with less salt. If you drink alcohol, do so in moderation.
2. **Aim for a Healthy Weight.** If you are overweight, taking off pounds can directly lower your risk for developing heart disease and also help reduce a number of risk factors. It can help to control diabetes as well as reduce high blood pressure and high blood cholesterol. Reaching a healthy weight can also help you to feel better by contributing to sounder sleep, less pain, and more energy to take part in activities you enjoy.
3. **Learn New Moves.** Regular physical activity is a powerful way to reduce your risk of heart disease. Physical activity directly helps to prevent heart problems. It also

helps to prevent and control high blood pressure, keep cholesterol levels healthy, and prevent and control diabetes. As little as 30 minutes of moderate activity on most, and preferably all, days of the week helps to protect heart health.

4. **Kick the Smoking Habit.** Quitting smoking greatly reduces your risk of heart disease and other serious disorders. Just 1 year after you stop smoking, your heart disease risk will drop by more than half. Within several years, it will approach the heart disease risk of someone who has never smoked. No matter how long you have been smoking, quitting will lessen your chances of developing heart disease.

Questions to Ask Your Doctor

Getting answers to these questions will give you vital information about your heart health and what you can do to improve it. You may want to bring this list to your doctor's office.

1. What is my risk for heart disease?
2. What is my blood pressure? What does it mean for me, and what do I need to do about it?
3. What are my cholesterol numbers? (These include total cholesterol, LDL or "bad" cholesterol, HDL or "good" cholesterol, and triglycerides.) What do they mean for me, and what do I need to do about them?
4. What are my "body mass index" and waist measurement? Do they indicate that I need to lose weight for my health?
5. What is my blood sugar level, and does it mean I'm at risk for diabetes?
6. What other screening tests for heart disease do I need? How often should I return for checkups for my heart health?
7. What can you do to help me quit smoking?
8. How much physical activity do I need to help protect my heart?
9. What is a heart healthy eating plan for me? Should I see a registered dietitian or qualified nutritionist to learn more about healthy eating?
10. How can I tell if I'm having a heart attack?

Source: *The Healthy Heart Handbook for Women.* National Heart, Lung, and Blood Institute (2005 rev. edition).

February 2007

Notes

A healthy weight is important for a long, vigorous life. Yet **about 62 percent of all American women age 20 and older are overweight**—and about 33 percent of them are obese (extremely overweight). The more overweight a woman is, the higher her risk for heart disease.

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In a 2004 survey conducted by the American Heart Association, **only 57 percent of women surveyed knew that heart disease is the leading cause of death** among women.

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Sunday
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JANUARY 2007

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FEBRUARY 2007

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MARCH 2007

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For women in midlife, taking action to prevent and control heart disease is particularly important. For **once a woman reaches menopause, her risks of heart disease and heart attack jump dramatically**. One in 14 women between the ages of 45 and 64 has some form of heart disease, and this increases to 1 in 7 women over 65.

THURSDAY
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Women can lower their heart disease risk by as much as 82 percent just by leading a healthy lifestyle.

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February 2007

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Women who have diabetes are at especially high risk for dying of heart disease and stroke. Talk to your doctor or nurse about when you should be tested for diabetes. If you have diabetes, you'll need to monitor and control your blood sugar levels.

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JANUARY 2007

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MARCH 2007

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MONDAY 19

Washington's Birthday

TUESDAY 20

WEDNESDAY 21

THURSDAY 22

FRIDAY 23

SATURDAY 24

SUNDAY 25

New research estimates that **middle-aged Americans have a 90 percent chance of eventually developing high blood pressure**—a major risk factor for heart disease. High blood pressure is more common and more severe in African American women than it is in white women. Your risk also goes up if you are overweight or have a family history of high blood pressure.

February 2007

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Notes

According to the Surgeon General's Report on Physical Activity and Health, **60 percent of women in the United States don't get the recommended amount of physical activity**. More than 25 percent of women are not active at all during their free time. Physical inactivity is especially common among African American and Hispanic women. Besides raising the risk of heart disease, lack of physical activity leads to more doctor visits, hospitalizations, and use of medicines for a variety of illnesses.

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MARCH 2007

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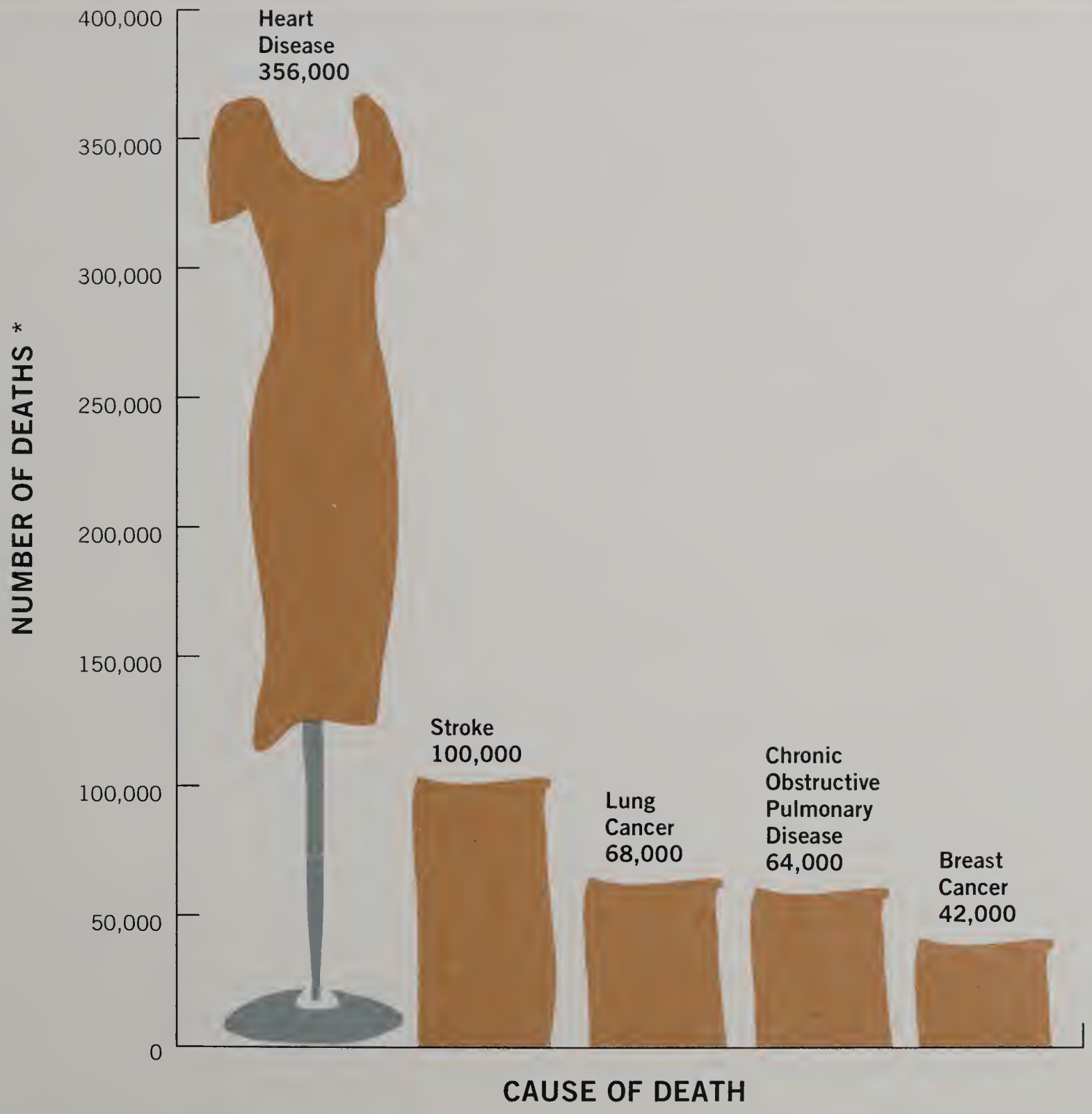
Leading Causes of Death for American Women (2002)

THE heart TRUTH



To learn more, visit www.hearttruth.gov

Source: The Healthy Heart Handbook for Women. National Heart, Lung, and Blood Institute (2005).

*Numbers of deaths are rounded to the nearest thousand.

March 2007

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	Brain Awareness Week Multiple Sclerosis Awareness Week					
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25	26	27 American Diabetes Alert Day	28	29	30	31

Autoimmune Diseases: Hope Through Research

The immune system is a network of cells, tissues, and organs that work together to defend your body against attacks by "foreign" invaders. When your body is attacked—perhaps by a virus or germs on a nail you stepped on—your immune system defends you. It sees and kills the germs that might hurt you.

But when the system doesn't work right, this process can cause harm. Immune cells can mistake your body's own cells as invaders and attack them. This "friendly fire" can affect almost any part of the body. It can sometimes affect many parts of the body at once. This is called autoimmunity.

Some autoimmune diseases include inflammatory bowel disease, Graves' disease, multiple sclerosis, rheumatoid arthritis, and systemic lupus erythematosus ("lupus").

What Causes Autoimmunity?

No one knows why the immune system treats some body parts like germs. We do know that you can't catch autoimmune diseases from another person.

Most scientists think that our genes and things in the environment are involved. If you have a certain gene or combination of genes, you may be at higher risk for autoimmune disease. But you won't get the disease until something around you turns on your immune system. This may include the sun, infections, drugs, or, in some women, pregnancy.

How Common Are Autoimmune Diseases?

There are more than 80 types of autoimmune diseases. While many of these diseases are rare, collectively they affect 14.7 to 23.5 million people in this country (5 to 8 percent of the population). For reasons unknown, their prevalence is rising. Most of these diseases disproportionately afflict women, and are among the leading causes of death for young and middle-aged women.

What Kinds of Problems Are Caused by Autoimmunity?

Autoimmunity can affect almost any organ or body system. The exact problems one has depends on which tissues are targeted.

If the skin is the target, you may have skin rashes, blisters, or color changes. If it's the thyroid gland, you may be tired, gain

Learn More!

Contact the NIH National Institute of Arthritis and Musculoskeletal and Skin Diseases Information Clearinghouse
(877) 22-NIAMS (toll free)
niamsinfo@mail.nih.gov
www.niams.nih.gov

What Is Lupus?

Systemic lupus erythematosus (commonly called "SLE" or "lupus") is an autoimmune disease that is "multisystemic"—that means that it involves more than one system in your body. Lupus can affect your joints, skin, kidneys, heart, lungs, blood vessels, and brain.

- Although people with the disease may have many different symptoms, some of the most common ones include extreme fatigue, painful or swollen joints (arthritis), unexplained fever, skin rashes, and kidney problems.
- Anyone can get lupus, but it most often affects women. Lupus is also more common in women of African American, Hispanic, Asian, and Native American descent than in Caucasian women. The cause of lupus is unknown. It is likely that many factors trigger the disease.
- At present, there is no cure for lupus. However, lupus can be effectively treated with drugs, and most people with the disease can lead active, healthy lives.
- Lupus is characterized by periods of illness, called flares, and periods of wellness, or remission. Understanding how to prevent flares and how to treat them when they do occur helps people with lupus maintain better health. Intense research is underway, and scientists funded by the NIH are continuing to make great strides in understanding the disease, which may ultimately lead to a cure.

Source: *Systemic Lupus Erythematosus*. NIH National Institute of Arthritis and Musculoskeletal and Skin Diseases (August 2003, rev.ed.).

weight, be more sensitive to cold, and have muscle aches. If it's the joints, you may have joint pain, stiffness, and loss of function.

You may know which organ or system is affected from the start. But you may not know the site of the attack. In many people, the first symptoms are fatigue, muscle aches, and low fever.

How Are Autoimmune Diseases Diagnosed?

Autoimmune diseases don't typically show a clear pattern of symptoms at first. So diagnosing them can be hard. But with time, a diagnosis can usually be made by using:

- **Medical history.** The doctor will ask about your symptoms and how long you have had them. Your symptoms may not point to one disease. But they can be a starting point for your doctor. You should tell your doctor if you have a family member with autoimmune disease. You may not have the same disease as your family member. But having a family history of any autoimmune disease makes you more likely to have one.
- **Physical exam.** During the exam, the doctor will check for any signs. Inflamed joints, swollen lymph nodes, or discolored skin might give clues.
- **Medical tests.** No one test will show that you have an autoimmune disease. But doctors may find clues in a blood sample. For example, people with lupus or rheumatoid arthritis often have certain autoantibodies

in their blood. Autoantibodies are blood proteins formed against the body's own parts. Not all people with these diseases have these autoantibodies. And some people without autoimmune disease do have them. So blood tests alone may not always help. But if a person has disease symptoms and autoantibodies, the doctor can be more sure of a diagnosis.

The key is patience. Your doctor may be able to diagnose your condition quickly based on your history, exam, and test results. But the process often takes time. It may take several visits to find out exactly what's wrong and the best way to treat it.

What About Pregnancy?

In the past, women with some autoimmune diseases were told not to have children. But better treatments and understanding have changed that advice. Autoimmune diseases can affect pregnancy, and pregnancy can affect autoimmune diseases. But women with many such diseases can safely have children. How a pregnancy turns out can vary by disease and disease severity. If you have an autoimmune disease, you should consult your doctor about having children.

Source: *Questions and Answers about Autoimmunity.* NIH National Institute of Arthritis and Musculoskeletal and Skin Diseases. (January 2002).

How Are Autoimmune Diseases Treated?

Autoimmunity takes many forms. There are also many treatments for it. Treatment depends on the type of disease, how severe it is, and its symptoms. Generally, treatments have one of three goals:

1. **Relieving symptoms.** If your symptoms bother you, your doctor may suggest treatments that give some relief. Relieving symptoms may be as simple as taking a drug for pain relief. It may also be as involved as having surgery.
2. **Preserving organ function.** When autoimmune diseases threaten organs, treatment may be needed to prevent damage. Such treatments may include drugs to control an inflamed kidney in people with lupus. Insulin injections can regulate blood sugar in people with diabetes. These treatments don't stop the disease. But they can save organ function. They can also help people live with disease complications.
3. **Targeting disease mechanisms.** Some drugs may also be used to target how the disease works. In other words, they can suppress the immune system.

Your doctor may not prescribe a treatment. If your symptoms are mild, the risks of treatment may be worse than the symptoms. You may choose to put off treatment for now. But you should watch for signs that your disease is progressing. Visit your doctor regularly. You need to catch changes before they lead to serious damage.

March 2007

Notes

Research has shown that multiple sclerosis, an autoimmune disease, has no bad effects on pregnancy, labor, or delivery. In fact, the stabilizing or remission of symptoms during pregnancy may be due to changes in a woman's immune system that allow her to carry a baby.

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Most autoimmune diseases disproportionately affect women. For some diseases, such as thyroiditis, scleroderma, lupus, and Sjögren's syndrome, more than 85 percent of patients are female.

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Many autoimmune diseases involve environmental factors such as infectious agents, dietary components, supplements, and food contaminants like mercury. As scientists learn more about environmental influences in autoimmune disease, it may be possible to prevent the onset of disease even in the most vulnerable individuals.

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The National Institute of Allergy and Infectious Diseases is supporting clinical trials of drugs that prevent the immune system from attacking healthy cells. The Institute wants to see if they are safe and useful. Such drugs may prove helpful for treating a number of autoimmune diseases.

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Researchers are identifying the genes that predispose individuals to develop autoimmune diseases, and studying how these genes initiate the disease process or exacerbate symptoms. Findings in these areas may lead to new interventions to minimize or reverse disease effects.

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Some autoimmune diseases are life-threatening. Virtually all require lifelong medical care. Although treatments exist for many autoimmune diseases, we do not yet have definitive cures for any of them. As a result, autoimmune diseases impose a heavy financial and emotional burden on patients and their families, and contribute significantly to our rising national health care costs.

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It is important for women with lupus or other related autoimmune disorders to be under a doctor's care during pregnancy. Physicians can now identify mothers at highest risk for complications, allowing for prompt treatment of the infant at or before birth. Lupus can also flare during pregnancy, and prompt treatment can keep the mother healthier longer.

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NOTES

Chronic Fatigue Syndrome: What You Should Know

Q What Is CFS?

A Chronic Fatigue Syndrome (CFS) is characterized by incapacitating fatigue (experienced as profound exhaustion and extremely poor stamina) and problems with concentration and short-term memory.

It is accompanied by flu-like symptoms such as pain in the joints and muscles, unrefreshing sleep, tender lymph nodes, sore throat, and headache. A distinctive characteristic of the illness is post-exertional malaise—a worsening of symptoms following physical or mental exertion occurring within 12 to 48 hours of the exertion and requiring an extended recovery period.

The symptoms of CFS are highly variable and fluctuate in severity, which complicates treatment and the person's ability to cope with the illness. Most symptoms are not obviously visible, making it difficult for others to understand the vast array of debilitating symptoms with which CFS sufferers must cope.

Q Why Is CFS a Problem?

A It is estimated that as many as 800,000 people nationwide suffer from this illness, and 90 percent of these individuals have not been diagnosed and therefore are not receiving proper medical care for their illness. CFS strikes people of all age, racial, ethnic, and socio-economic groups, and research has shown that CFS occurs about three times as often in women as in men.

Q Where Can I Learn More?

A For more information on NIH CFS research, the Institutes that support CFS research, and this workshop, please contact the NIH Office of Research on Women's Health, Bethesda, MD, at http://orwh.od.nih.gov/cfs.html.

Source: *Chronic Fatigue Syndrome: Efforts by the National Institutes of Health to Understand CFS and Plan for Future Research.* NIH Office of Research on Women's Health (January 2006).

April 2007

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6 National Alcohol Screening Day	7
8 National Public Health Week	9	10	11	12	13	14
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22	23	24	25	26	27	28
29 2007 WalkAmerica	30				Sexual Assault Awareness Month	

Protect Yourself from Sexually Transmitted Infections

Sexually transmitted infections (STIs), commonly called sexually transmitted diseases (STDs), are diseases that you get by having intimate sexual contact, including having sex (vaginal, oral, or anal intercourse) with someone who already has the disease. Every year, STIs affect more than 13 million people.

Researchers have identified more than 20 different kinds of STIs, which can fall into two main groups:

- **STIs caused by bacteria.** These diseases can be treated and often cured with antibiotics. Some bacterial STIs include: chlamydia, gonorrhea, trichomoniasis, and syphilis.
- **STIs caused by viruses.** These diseases can be controlled, but not cured. If you get a viral STI, you will always have it. Some viral STDs include: HIV/AIDS, genital herpes, genital warts, human papilloma virus (HPV), hepatitis B virus, and cytomegalovirus.

The best way to prevent STIs is to avoid getting one in the first place. The only way to ensure that you won't get infected is to not have sex. This means avoiding all types of intimate sexual contact.

If you are sexually active, you can reduce your risk of getting STIs by practicing "safe sex." This means:

- Using a condom and an approved microbicide (a cream, gel, or foam that kills disease-causing bacteria and other organisms) for vaginal, oral, and anal intercourse
- Knowing your partner and his/her STI status and health
- Having regular medical check-ups, especially if you have more than one sexual partner.

Learn More!

Contact the National Institute of Allergy and Infectious Diseases
(301) 496-5717
www.niaid.nih.gov
Or, contact the National STD Hotline, supported by the Centers for Disease Control and Prevention (CDC)
(800) 227-8922

HIV/AIDS and Women

HIV is the virus that causes AIDS. The first cases of AIDS were identified in the United States in 1981, but the virus probably existed here and in other parts of the world for many years before that. In 1984, scientists proved that HIV causes AIDS.

Women are increasingly being affected by the HIV/AIDS epidemic. In the United

HIV Prevention: What You Should Know

Because no vaccine for HIV is available, the only way to prevent infection by the virus is to avoid behaviors that put you at risk of infection, such as sharing needles and having unprotected sex.

Many people infected with HIV have no symptoms. Therefore, there is no way of knowing with certainty whether your sexual partner is infected unless he or she has repeatedly tested negative for the virus and has not engaged in any risky behavior. You should either abstain from having sex or use male latex condoms or female polyurethane condoms, which may offer partial protection, during oral, anal, or vaginal sex. Only water-based lubricants should be used with male latex condoms.

Although some laboratory evidence shows that spermicides can kill HIV, researchers have not found that these products can prevent you from getting HIV.

Source: *HIV Infection and AIDS: An Overview.* National Institute of Allergy and Infectious Diseases (March 2005)

States, HIV/AIDS is the sixth leading cause of death among all women ages 25 to 34 and the fourth leading cause of death among all women ages 35 to 44.

You can get HIV several different ways:

- By having unprotected sex (sex without a condom) with someone who has HIV;
- By sharing a needle to inject drugs or sharing drug works with someone who has HIV;
- By having a mother who was infected with HIV when you were born; or
- From a blood transfusion. (However, it is unlikely you got infected that way because all blood in the United States has been tested for HIV since 1985.)

The majority of women get HIV through unprotected sex with HIV-infected men. Women are vulnerable to heterosexual transmission of HIV due to sex without the use of condoms and the high-risk behaviors of their partners.

Although HIV causes AIDS, a person can be infected with HIV for many years before AIDS develops. How long it takes to go from HIV infection to a diagnosis of AIDS varies—everyone is different. Various factors, including your genetic makeup, can influence the time between HIV infection and the development of AIDS. What is clear is that you have some control over the progression of HIV infection.

Drug Abuse and Risky Sexual Behavior

More than 40 million people are living with HIV worldwide, including 5 million new cases in 2005 alone. For the United States, the latest numbers indicate that by 2004, 1 million Americans were living with HIV—and one in four of them did not know it.

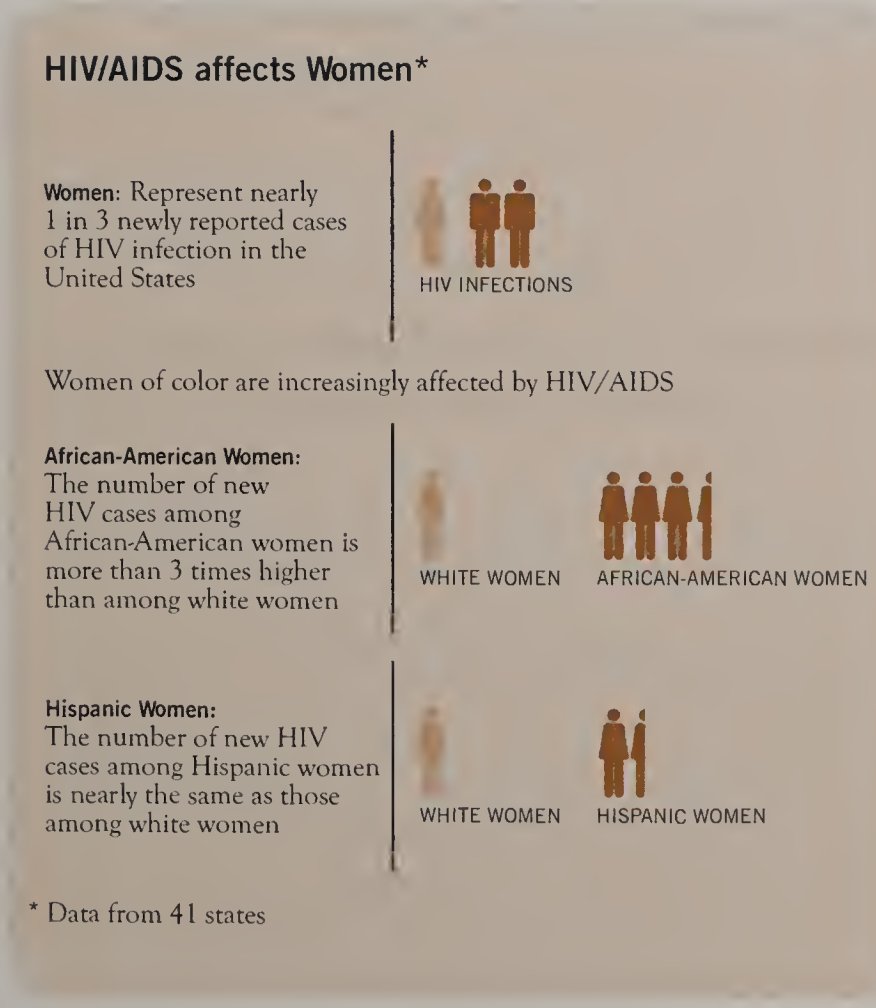
Behaviors associated with drug abuse are among the main factors in the spread of HIV infection in the United States.

Studies have shown that people under the influence of drugs are more likely to engage in risky sexual behaviors that can lead to contracting HIV.

This is especially true for young people. Roughly 10 Americans between the ages of 13 and 24 are diagnosed with HIV/AIDS every day. Many of them are contracting HIV through risky sexual behavior—all too often, that risky behavior occurs under the influence of drugs or alcohol.

Research shows that the brains of teenagers are not yet fully developed, and drugs can disrupt those critical parts of the brain that are needed to weigh risks and benefits before making decisions. Even drinking "just a few beers" at a party can compromise the ability to make wise choices.

You can help break the link between drug use and HIV/AIDS by talking to a young person about drugs. It's a message that can save lives.


HIV/AIDS affects Women*
Women: Represent nearly 1 in 3 newly reported cases of HIV infection in the United States
HIV INFECTIONS
Women of color are increasingly affected by HIV/AIDS
African-American Women: The number of new HIV cases among African-American women is more than 3 times higher than among white women
WHITE WOMEN
AFRICAN-AMERICAN WOMEN
Hispanic Women: The number of new HIV cases among Hispanic women is nearly the same as those among white women
WHITE WOMEN
HISPANIC WOMEN
* Data from 41 states

Source: *Women: Answers About HIV Vaccination Research.* NIH National Institute of Allergy and Infectious Diseases (January 2005).

Where Can I Find Out More About HIV/AIDS?

AIDSinfo is a comprehensive resource for up-to-date information on federally approved guidelines for HIV/AIDS treatment and prevention. All inquiries are confidential. Live health information specialists are available to answer your questions via phone and email.

AIDSinfo
(800) HIV-0440 ((800) 448-0440)
Monday - Friday, 12:00 p.m. - 4:00 p.m.
Eastern Time
ContactUs@aidsinfo.nih.gov
www.aidsinfo.nih.gov

For more information on the link between drug abuse and HIV/AIDS, visit www.hiv.drugabuse.gov.

April 2007

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According to the Centers for Disease Control and Prevention, **1 out of 4 American women is infected with herpes simplex virus type 2.** This type of herpes is the usual cause of genital herpes, but it also can infect the mouth.

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HIV disproportionately affects African-American and Hispanic women. Together they represent less than 25 percent of all U.S. women, yet they account for more than 82 percent of AIDS cases in women.

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If you are pregnant, you should be tested for syphilis. Syphilis can cause miscarriages, premature births, stillbirths, or death of newborn babies.

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Each year up to 1 million women in the United States develop pelvic inflammatory disease (PID), a serious infection of the reproductive organs. As many as half of all cases of PID may be caused by a chlamydia infection. PID can cause scarring of the fallopian tubes, which can block the tubes and prevent fertilization from taking place. Researchers estimate that 100,000 women each year become infertile because of PID. It is the most common preventable cause of infertility in the U.S.

The CDC estimates that approximately **40,000 persons in the United States become infected with HIV each year.**

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Approximately one-quarter to one-third of all untreated pregnant women infected with HIV will pass the infection to their babies. If the mother takes certain drugs during pregnancy, she can significantly reduce the chances that her baby will get infected with HIV. If health care providers treat HIV-infected pregnant women and deliver their babies by cesarean section, the chances of the baby being infected can be reduced to a rate of 1 percent. HIV infection of newborns has been almost eradicated in the United States due to appropriate treatment.

April 2007

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Women now account for an estimated 27% of the estimated 40,000 new HIV/AIDS diagnoses in the United States each year. **African-American women comprise 67% of new AIDS diagnoses among women**, while Hispanic women account for 16%.

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More persistent or severe symptoms of HIV infection may not appear for 10 years or more after HIV first enters the body in adults. This period of "asymptomatic" infection varies greatly in each individual. Some people may begin to have symptoms within a few months, while others may be symptom-free for more than 10 years.

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NOTES

Living with HIV/AIDS

Although infection with HIV is serious, people with HIV and AIDS are living longer, healthier lives today, thanks to new and effective treatments. If you have HIV, here are some ways you can stay healthy longer:

- Make sure you have a doctor who knows how to treat HIV. Begin treatment promptly once your doctor tells you to.
- Keep your appointments. Follow your doctor's instructions. If your doctor prescribes medicine for you, take the medicine just the way he or she tells you to because taking only some of your medicine gives your HIV infection more chance to fight back. If you get sick from your medicine, call your doctor for advice; don't make changes to your medicine on your own or because of advice from friends.
- Get immunizations (shots) to prevent infections such as pneumonia and flu. Your doctor will tell you when to get these shots.
- Practice safe sex to reduce your risk of getting an STD or another strain of HIV.
- If you smoke or use drugs not prescribed by your doctor, quit.
- Eat healthy foods. This will help keep you strong, keep your energy and weight up, and help your body protect itself.
- Exercise regularly.
- Get enough sleep and rest.
- Take time to relax. Many people find that meditation or prayer, along with exercise and rest, help them cope with the stress of having HIV or AIDS.

Source: *Living with HIV/AIDS*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (September 2005).

NIH Publication No. 06-5868
Published May 2006